



May 22, 2007

**SUBJECT: Transmittal of the FY 2005/2006 Performance Results Audits for Programs: 636 – Library Collection Management, 637 – Library Programs and Services, and 638 – Library Learning Environment**

### **REPORT IN BRIEF**

This report presents the results of the FY 2005/2006 performance results audits of three programs in the Library Department. Program 636 – Library Collection Management is responsible for developing, maintaining, utilizing and maximizing the library's collection for users various needs. Program 637 – Library Programs and Services provides patrons with one-on-one assistance and learning opportunities for adults and children through classes, programs and services. Program 638 – Library Learning Environment focuses its resources on providing an open, welcome and safe environment that encourages learning.

To achieve their respective goals, in FY 2005/2006:

- Program 636 spent \$3,874,381 and used 69,732 staff hours;
- Program 637 spent \$1,625,289 and used 23,934 staff hours; and
- Program 638 spent \$938,312 and used 13,128 staff hours.

In FY 2005/2006, a large percentage of the reported performance results in each of the Library Programs were reported accurately. The auditor reviewed and tested the reported results for 87 unique measures and activities from the three programs and found 75 measures and activities (86.2%) were reported accurately within the allowable margin of error.

Overall, the audit found that each Program had good data retention procedures in place and that measures and activities report meaningful information and results. Most recommendations address process and record keeping improvements. Some of the more significant findings are listed below:

- Nineteen measures (22%) had adding errors. While only one activity was found inaccurate due to adding errors, steps should be taken to eliminate the potential for human adding errors to occur as they can render results meaningless if large enough. The audit recommends automating reports using existing systems, or when necessary, using excel spreadsheets rather than handwritten logs to track results.

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- Ten measures (13%) had data transfer errors. The audit recommends similar actions be taken to those above for minimizing these occurrences.
- The audit also recommends that each Program review the sampling and survey guidelines being released by the Finance Department in FY 2006/2007. The auditor found four measures with sample sizes that were too small to provide adequate data to report results and four measures where the Library can reduce the amount of sampling and still be assured the data will be sufficient for reporting purposes.

## **BACKGROUND**

Field work for all three FY 2005/2006 Program Results Audits commenced in September 2006 and was completed in February 2007. The auditor completed a draft report, which the Library Department reviewed for factual accuracy. The final report was released on April 10, 2007 for Departmental review and formal response. The Departmental response to the audit was issued on April 20, 2007 and is included as Appendix 2 of the audit report, which is attached to this report.

## **EXISTING POLICY**

This report is issued to the Council and the public in accordance with the City of Sunnyvale's Audit Charter and the FY2006/2007 Performance Audit Work Plan adopted by Council on June 20, 2006.

In addition, the Fiscal Sub-Element Policy updated November 14, 2006 contains the following statements:

- Background – Performance and Financial/Operational Auditing: As part of its overall Planning and Management System, the City of Sunnyvale maintains a systematic schedule of performance and financial/operational audits. Regular performance audits of each operating program are conducted to ensure the integrity of results that are annually communicated to the public. It is currently Council policy that every program will be audited at least once each eight years.
- Long Range Goal – VII: To ensure accuracy and policy consistency in City processes and reporting through regular financial and performance audits of programs.
- Internal Control – 5: Performance audits will be conducted regularly on a schedule set by Council to verify that the performance data reported by each department is complete, valid, and accurate.

## **DISCUSSION**

This audit reviewed the results reported for FY 2005/2006 by three Library Programs: 636 – Library Collection Management, 637 – Library Programs and Services, and 638 – Library Learning Environment. The objective for a performance results audit is to ensure budgetary and management decisions are based on valid and complete information. The auditor reviews reported results for accuracy, the transparency of the language used to convey measure and activity results, the integrity of the data and documentation to support these results, the overall design of the reporting system, and the extent to which reporting and data collection systems are integrated into the program's natural workflow.

The auditor reviewed 87 of the 93 measures and activities reported by these three Library Programs and found 86% of those reviewed to be accurate. Six activities were not audited as their products consisted of work hours which do not require/generate source documentation other than timecards. While most measures and activities were reported accurately within the allowable margin of error of 3% for measures and 5% for activities, the auditor found some overarching issues for all three Programs to address which affected the accuracy of reported results:

1. Adding Errors: The auditor found a significant amount of the data for calculating and reporting results is kept in hand-written logs and worksheets. This often requires staff to add multiple columns of numbers by hand, using only a calculator. Out of the 87 measures and activities reviewed, 19 measures and activities (21.8%) had adding errors. However, only one activity was found inaccurate due to adding errors. In FY 2005/2006, the Library switched from Inlex to Innovative, an integrated library software system that assists in the performance and tracking of such activities as materials acquisition, processing and circulation. The Library is still exploring the reporting capabilities of the new Innovative system and many of the recommendations of this audit suggest using Innovative to track products rather than manually kept logs.
2. Data Transfer Errors: The auditor found several instances in which errors occurred when data was transferred from either source documents or a summary spreadsheet to a master spreadsheet. Out of the 87 measures and activities reviewed, 10 measures and activities (12.6%) had data transfer errors. Only one measure was found inaccurate due to data transfer errors. The audit recommends similar steps be taken as those described above under *Adding Errors*, as many of the adding errors went hand-in-hand with data transfer errors.

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3. Product Posting Errors: Product posting errors resulted from products either not being posted to the correct fiscal year or products not being posted at all. While only one activity was found inaccurate due to product posting errors, 3 additional measures and activities had such errors. The audit recommends Program managers regularly review posted products to make sure counts are correct. It should also help to have products logged in spreadsheets that provide Accounting Period totals as described under the section pertaining to *Adding Errors*.
4. Sampling/Survey Issues: The results for many of the Library's measures are derived from surveying customers or sampling processes. Each Program should review the Survey and Sampling guidelines being released by the Finance Department in FY 2006/2007 to ensure current survey and sampling methodologies are adequate. Four measures had sample sizes that were too small or response rates that were inadequate to provide a significant level of confidence that the survey results were a good reflection of the true population. In most instances results were still verified as accurate because staff followed the SOP. Four measures and activities had sample sizes that are in excess of what is needed to provide a significant level of confidence that the survey results are a good reflection of the true population. The Library may be able to save some resources by cutting down on the amount of sampling in these instances.
5. Design: The overall design of the budget structure was not analyzed as this was the last year the audited structure was used. The FY2006/2007 budget structure became effective in July 2007. This audit does recommend eliminating two measures in Program 637 that were going to be retained in the new FY 2006/2007 budget. This audit also recommends combining two activities in Program 636.
6. Integration: As discussed in the section on *Accuracy*, in FY 2005/2006, the Library switched from Inlex to Innovative, an integrated library software system that assists in the performance and tracking of such activities as materials acquisition and circulation. The Library is still exploring the reporting capabilities of the new Innovative system and many of the recommendations of this audit suggest using Innovative to track products rather than the current method of keeping manual logs.

Detailed findings and recommendations for Program 636 can be found in Appendix 3 of the audit report and in Appendix 4 for Program 637 and Appendix 5 for Program 638.

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### **FISCAL IMPACT**

Costs associated with preparation of the audit report were included in the City of Sunnyvale's operating budget in the Internal Audit Program.

### **PUBLIC CONTACT**

Public contact was made through posting of the Council agenda on the City's official notice bulletin board, posting of the agenda and report on the City's web page, publication of the Council agenda in the San Jose Mercury News, and the availability of the report in the Library and the City Clerk's Office.

### **ALTERNATIVES**

1. Receive the audit report and concur with management's acceptance of recommendations.
2. Receive the audit report and direct staff to hold a study session to discuss the audit findings and recommendations.
3. Receive the audit report and give alternative direction regarding specific recommendations.

### **RECOMMENDATION**

Staff recommends alternative #1.

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Reviewed by:

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Deborah Barrow, Director, Department of Libraries

Approved by:

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**Attachments**

FY 2005/2006 Performance Results Audits for Program 636 – Library Collection Management, Program 637 – Library Programs and Services, and Program 638 – Library Learning Environment

# **City of Sunnyvale**

## **FY 2005/2006**

### **Performance Results Audits**



### ***Library Collection Management (636)***

### ***Library Programs and Services (637)***

### ***And***

### ***Library Learning Environment (638)***

**April 2006**

**Program 636:** Library Collection Management  
**Program 637:** Library Programs and Services  
**Program 638:** Library Learning Environment

**Audit Team:** Kate Murdock, Lead

**Field Work Start Date:** September 28, 2006

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### **AUDIT OBJECTIVE**

The audit objective is to ensure budgetary and management decisions are based on valid and complete information by evaluating the following components of a program's performance reporting system:

- **Accuracy:** Auditor count or calculations are within 3% for *Program* and *Service Delivery Plan* measures and within 5% for *Activity* products.
- **Language:** Measure/Product text accurately represents the numbers portrayed in the reported result.
- **Documentation/Data Integrity:** Documentation systems are complete and data accurately reflects program operations.
- **Design:** The performance measurement system provides sufficient information to make sound management/budgetary decisions.
- **Integration:** Data collection systems are automated and integrated into the operational workflow of the organization whenever possible.

Evaluation is performed through staff interviews, documentation review, and auditor recalculation of reported results:

### **PROGRAM BACKGROUND**

The City of Sunnyvale has one Library located at 665 W. Olive Avenue. This audit reviewed three of the four programs comprising the Library Department in FY 2005/2006. The fourth program, Program 635 – Sunnyvale Center for Innovation, Invention, and Ideas (Sci[i]<sup>3</sup>), was not audited as this program was eliminated in FY 2006/2007. The three audited programs and their respective Service Delivery Plans are listed below:

The ***Library Collection Management Program (636)*** had three Service Delivery Plans in FY 2005/2006:

1. Select and Acquire Materials for Adults and Children
2. Prepare Library Materials for the Public
3. Provide Access and Use of Library Materials

In FY 2005/2006, Program 636 had a budget of \$3,891,013 that included 71,395 work hours. The Program spent \$3,874,381 and used 69,732 staff hours for collection management. The Library Collection Management Program generated \$173,867 of gross revenues for the City in FY 2005/2006.

The ***Library Programs and Services Program (637)*** had three Service Delivery Plans in FY 2005/2006:

1. Outreach Services
2. Services for Adults
3. Services for Children and Teens

In FY 2005/2006, Program 637 had a budget of \$1,685,806 that included 25,486 work hours. The Program spent \$1,625,289 and used 23,934 staff hours for providing programs and services for adults and children.

The ***Library Learning Environment Program (638)*** had three Service Delivery Plans in FY 2005/2006:

1. Facility and Delivery of Services
2. Community and Regional Relationships
3. Technology and Training

In FY 2005/2006, Program 638 had a budget of \$937,155 that included 15,199 work hours. The Program spent \$938,312 and used 13,128 staff hours for maintaining the Library learning environment.

Exhibit 1 – FY 2005/2006 Library Department Organizational Chart for Program 636 – Library Collection Management and Program 638 – Library Learning Environment:

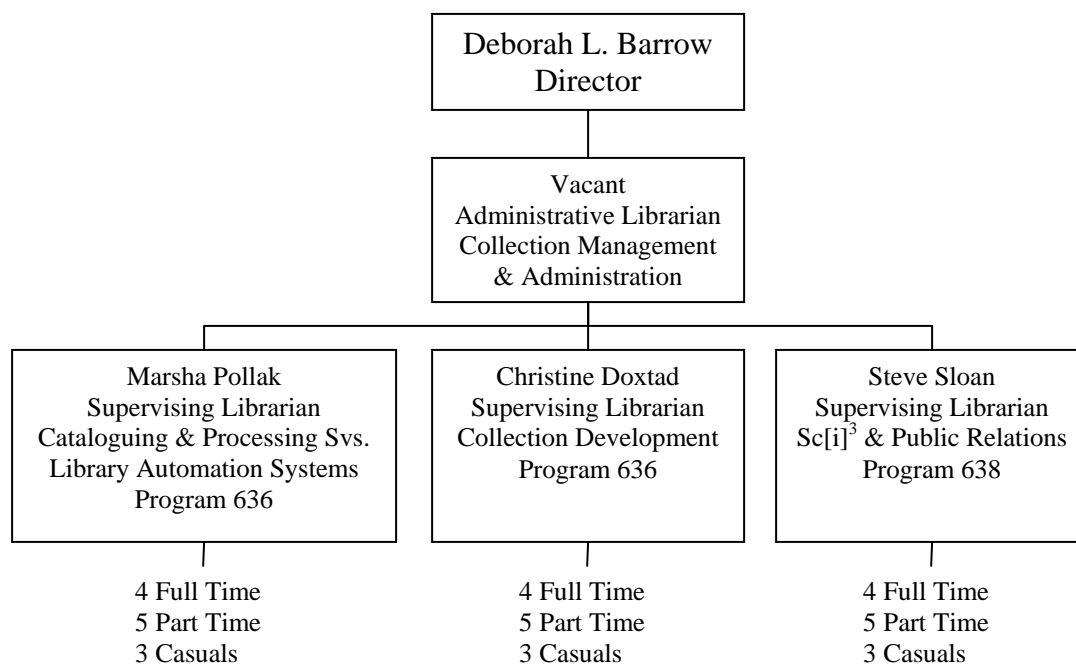
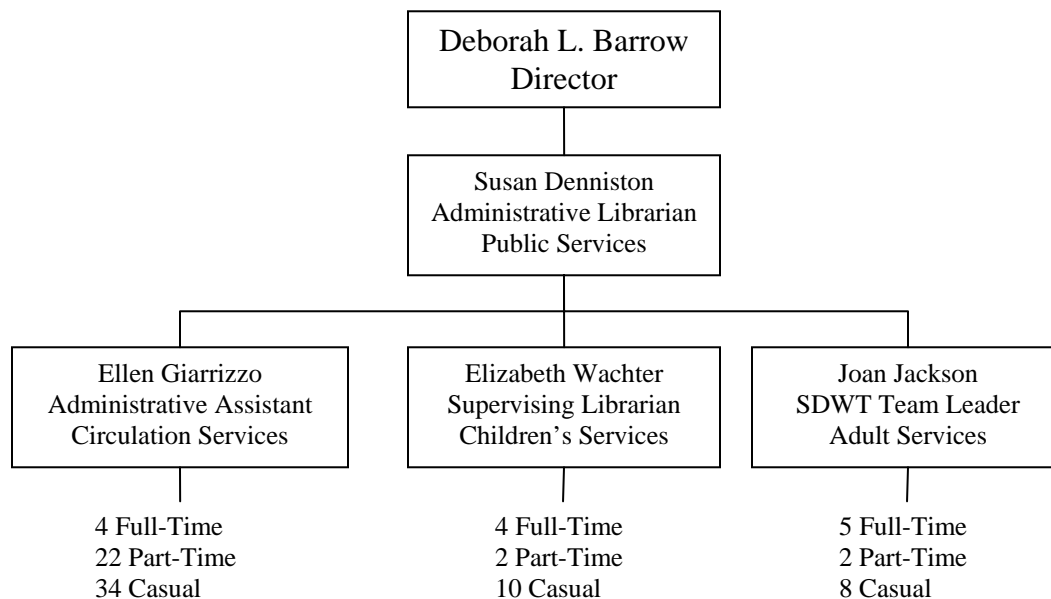


Exhibit 2 – FY 2005/2006 Library Department Organizational Chart for Program 637 – Library Programs and Services:



**AUDIT SCOPE**

The audit reviews the FY 2005/2006 performance reporting structure for three Programs in the Library Department: Program 636 – Library Collection Management, Program 637 – Library Programs and Services and Program 638 – Library Learning Environment. In FY 2005/2006, Program 636's reporting structure consisted of 40 unique measures: 7 *Program* measures, 16 *Service Delivery Plan* measures, and 17 *Activities*. This audit tested 37 of these measures and activities. The products for three activities were defined as work hours and were not evaluated as there is no practical method for auditors to verify that work hours were actually worked. Program 637's reporting structure consisted of 27 measures: 4 *Program* measures, 13 *Service Delivery Plan* measures, and 10 *Activities*. This audit tested 25 of these measures and activities. The products for two activities were defined as work hours. Program 638's reporting structure consisted of 26 unique measures: 8 *Program* measures, 9 *Service Delivery Plan* measures, and 9 *Activities*. This audit tested 25 of these measures and activities. The product for one activity was defined as work hours.

## **SUMMARY**

In FY 2005/2006, 86% of the Library's performance measure and activity results were reported accurately. Staff diligently tracked and reported performance results and should be commended for their reporting efforts. In addition, each program had good data retention procedures in place. Most recommendations address process and record keeping improvements.

As discussed and defined in the *Audit Objective* section of this report on page 1, the audit reviewed the Library's performance reporting system for *Accuracy, Language, Documentation/Data Integrity, Design, and Integration*. A summary of the audits findings and recommendations follows:

### **Accuracy**

The allowable margin of error is 3% for *Program* and *Service Delivery Plan* measures and 5% for *Activity* products. Accuracy results for all three Library Programs were high. Of the 87 reported results tested for the three Programs reviewed, 75 results (86.2%) were reported accurately within the allowable margin of error and 4 (4.6%) were outside the allowable margin of error. Eight reported results (9.2%) could not be verified as accurate or inaccurate due to support documentation not being detailed enough and measure or activity wording not reflecting the results reported. For a breakdown of accuracy statistics by Program, please see Appendix 1 on page 9.

Below is a list of the type of errors which affected the accuracy results in this audit:

1. **Adding Errors:** The auditor found a significant amount of the data for calculating and reporting results is kept in hand-written logs and worksheets. This often requires staff to add multiple columns of numbers by hand, using only a calculator. Out of the 87 measures and activities reviewed, 19 measures and activities (21.8%) had adding errors. While only one activity was found inaccurate due to adding errors (Activity 636020), errors found in other measures and activities were often significant. For example, in several instances an adding error resulting in a surplus in one Accounting Period was offset in a later Accounting Period by an adding error resulting in a deficit.

In FY 2005/2006, the Library switched from Inlex to Innovative, an integrated library software system that assists in the performance and tracking of such activities as materials acquisition, processing and circulation. The Library is still exploring the reporting capabilities of the new Innovative system and many of the recommendations of this audit suggest using Innovative to track products rather than manually kept logs. In the meantime and in such instances where the Library programs discover they cannot employ Innovative to track products, the audit recommends logs and product worksheets be kept in Excel spreadsheets to minimize human adding errors.

2. **Data Transfer Errors:** The auditor found several instances in which errors occurred when data was transferred from either source documents or a summary spreadsheet to a master spreadsheet. Out of the 87 measures and activities reviewed, 10 measures and activities (12.6%) had data transfer errors. Only one measure was found inaccurate due to data transfer errors (Program 637 SDP Measure 5-5).

The audit recommends similar steps be taken as those described above under *Adding Errors*, as many of the adding errors went hand-in-hand with data transfer errors. The Library programs should work with the auditor to develop Excel spreadsheets that efficiently track and summarize data for reporting.

3. **Product Posting Errors:** Product posting errors resulted from products either not being posted to the correct fiscal year or products not being posted at all. While only one activity (Activity 638070) was found inaccurate due to product posting errors, 3 additional measures and activities had such errors. For Activity 638070, products did not get posted for Accounting Period 13 and the error was not caught in time to correct it. In another instance, there was a billing discrepancy with a vendor and the Program did not realize it could accrue the products and costs associated with the disputed bill in FY 2005/2006 even though the bill was not paid until FY 2006/2007.

The audit recommends Program managers regularly review posted products to make sure counts are correct. It should also help to have products logged in spreadsheets that provide Accounting Period totals as described under the section pertaining to *Adding Errors*.

## **Language**

In general, most measures were correctly worded. Three measures and one activity had language issues. Language issues result when the measure or activity wording does not accurately reflect the reported result. Two of the language problems were already addressed through the FY 2006/2007 budget restructure process and the remaining two measures were eliminated through this process. Program 638 SDP Measure 5-2 illustrates some of these issues. The measure states, "99% of computer and equipment maintenance problems are addressed within 24 hours." However, the result only reflects problems that are fixed by staff or referred to vendors within 24 hours. The problems referred to vendors may or may not be fixed within 24 hours, but typically are not. Here, the word "addressed" does not mean that the problem has been fixed, although this is likely what the public would interpret this measure to mean.

## **Documentation/Data Integrity**

1. **Missing Documentation/Data:** All three Library Programs have very good documentation and data retention procedures. Only one measure could not be verified as accurate or inaccurate due to a lack of supporting documentation. However, six additional measures and activities were missing some data or support documentation. Program managers should review filing and record keeping procedures to ensure that documents are not misplaced.

2. **Sampling/Survey Issues**

The results for many of the Library's measures are derived from surveying customers or sampling processes. Each Program should review the Survey and Sampling guidelines being released by the Finance Department in FY 2006/2007 to ensure current survey and sampling methodologies are adequate. In addition, Programs should review these guidelines to determine appropriate sample sizes. In determining the sample size the Program will need to consider the uses of the information and the appropriate confidence and error levels. The greater the confidence level, the greater the amount of sampling necessary. As sampling sizes increase, so do the costs associated with administering and conducting the surveys and samples. The Library will have to weigh the costs versus the benefits of achieving greater precision in obtaining data and reporting Library statistics. Some statistics will be less informative and critical than others in managing operations and service provision and may require greater or lesser levels of confidence. Any changes to sampling methodology or size should be incorporated into each measure's SOP.

- a. *Sample Size Too Small:* Four measures had sample sizes that were too small or response rates that were inadequate to provide a significant level of confidence that the survey results were a good reflection of the true population. In most instances results were still verified as accurate because staff followed the SOP. The audit recommends all three Programs review the survey and sampling guidelines that will be released by Finance in FY 2006/2007 and use these guidelines to evaluate all measures and activities relying on survey and sampling tools to derive reported results. In particular, Programs should review sections pertaining to sample size, confidence levels, survey implementation and collection.
- b. *Sample Size Too Large:* Four measures and activities had sample sizes that are in excess of what is needed to provide a significant level of confidence that the survey results are a good reflection of the true population. The Library may be able to save some resources by cutting down on the amount of sampling in these instances. The audit recommends all three Programs follow the steps outlined above under *Sample Size Too Small*.
- c. *Sampling Bias:* Two measures using surveys suffered from sampling bias. Program 636 SDP Measure 3-2 reports on the amount of materials used in-house as a percent of all circulated materials. The results were

biased as the Program only sampled during one week of the year and acknowledged that it was a slow week in the library. Program 636 SDP Measure 2-3 reports on how quickly items are repaired and returned to the collection. Unfortunately, tracking slips were only filled out during the sampling period, which likely biased the results as staff members are more likely to meet deadlines when they know they are being observed than when they are not.

3. **Documentation Not Detailed Enough:** Four measures and activities had supporting documentation that did not provide enough detail. In some instances this resulted in the auditor not being able to verify the reported results as accurate or inaccurate.
4. **Reporting Issues:** Six measures and activities had documentation supporting product counts that were different from those reported in the MBO. These differences were small enough that the reported results were still considered accurate in most instances. However, Program managers should be sure to check MBO posted products and measure results to ensure they are accurate.
5. **Conflicting Documentation:** Four measures and activities had log or database entries that did not match source documents. Again, these differences were relatively small and did not impact the accuracy of reported results. This audit made recommendations to automate reports as much as possible to cut down on the amount of manual tracking that takes place.
6. **SOP Issues:** Three measures and activities had SOPs that did not accurately reflect current practice. For example, Program 637 SDP Measure 4-1 surveys the accuracy with which librarians answer reference questions. The SOP described a scoring process that was not being used. Instead, the Program was marking responses as either accurate or inaccurate and was not evaluating customer service or other aspects of the response. The audit recommends updating the SOP as the current practice is acceptable.
7. **Auditor Observation:** The auditor observed two activities in Program 636 for which the auditor-observed product-per-hour rate was nearly twice the rate reported in the MBO. There are several reasons why this may have occurred and the audit does not assert that the auditor-observed rate is correct. However, the audit does recommend that Program management review these two activities to ensure that hours are being correctly charged to these activities and to evaluate if there is room for improvement.

## **Design**

The overall design of the budget structure was not analyzed as this was the last year the audited structure was used. The FY2006/07 budget structure became effective in

July 2007. This audit does recommend eliminating two measures in Program 637 that were going to be retained in the new FY 2006/2007 budget. These two measures both pertain to evaluating the technical accuracy of answers provided at the adult and children's reference desks. The audit recommends managers continue evaluating staff performance, but not reporting it, as this information is primarily used for staff training and there are several other measures that assess and report on customer satisfaction with reference services. This audit also recommends combining two activities in Program 636. One Activity tracks materials ordered for the Library collection and the other Activity tracks materials received. Staff stated that these two activities are part of one function and hours are often assigned to the wrong activity. Combining these two activities will streamline the reporting of this process and eliminate confusion. The new budget should be reviewed by management to ensure all coordination issues mentioned above have been addressed.

### **Integration**

As discussed in the section on *Accuracy*, in FY 2005/2006, the Library switched from Inlex to Innovative, an integrated library software system that assists in the performance and tracking of such activities as materials acquisition and circulation. The Library is still exploring the reporting capabilities of the new Innovative system and many of the recommendations of this audit suggest using Innovative to track products rather than the current method of keeping manual logs. In the meantime and in such instances where the Library programs discover they cannot employ Innovative to track products, the audit recommends logs and product worksheets be kept in Excel spreadsheets to minimize human adding errors.

### **AUDIT CONCLUSION**

The audit makes 33 recommendations to address the findings within the five audit components discussed above.



LIBRARY DEPARTMENTAL AUDIT STATISTICS		
Number of Results Reported Within 3% & 5%	75	86.2%
Number of Results Not Reported Within 3% & 5%	4	4.6%
Number of Results Unable to be Verified	8	9.2%
Total Number of Measures/Activities Reviewed	87	100.0%
Number of Results Not Audited (Work Hours)	6	
Total Number of Measures/Activities in the Program	93	
Number of SOPs Missing	0	

PROGRAM 636 AUDIT STATISTICS		
Number of Results Reported Within 3% & 5%	33	89.2%
Number of Results Not Reported Within 3% & 5%	1	2.7%
Number of Results Unable to be Verified	3	8.1%
Total Number of Measures/Activities Reviewed	37	100.0%
Number of Results Not Audited (Work Hours)	3	
Total Number of Measures/Activities in the Program	40	
Number of SOPs Missing	0	

PROGRAM 636 - LIBRARY COLLECTION MANAGEMENT MEASURES		PROGRAM					Accurate within 3%	
			Data Point	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-
PM 1	83% of library users are satisfied with the quality of library services.		Percent	N	86.0%	86.0%	YES	
PM 2	75% of library users find the requested information or materials they seek in the library.		Percent	N	79.0%	79.0%	YES	
PM 3	Items in the library are checked out an average of five times per year.		Percent	N	6.67	6.66	YES	0.2%
PM 4	92% of library collection materials returned are available to library users within 24 hours after check-in.		Percent	N	94.0%	93.2%	YES	0.8%
PM 5	94% of library users are satisfied with the cleanliness and usability of the library collection materials.		Percent	N	99.0%	97.6%	YES	1.4%
PM 6	95% of popular, high demand library materials are available to library users within seven days of receipt or within seven days from request if items have already been received.		Percent	N	100.0%	Sample	YES	0.3%
PM 7	The Budget/Cost Ratio (planned cost divided by actual cost) is 1.0.		Ratio	N	1.00	1.00	YES	
SERVICE DELIVERY PLAN #1: SELECT AND ACQUIRE MATERIALS FOR ADULTS AND CHILDREN								
SERVICE DELIVERY PLAN # 1 MEASURES			Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
							Y/N	+/-
SDP 1 - 1	The success rate for author, title and subject searches in the children's collection is 75%.		Percent	N	89.3%	89.2%	YES	0.1%
SDP 1 - 2	The success rate for browsing in the children's collection is 90%.		Percent	N	95.2%	95.2%	YES	
SDP 1 - 3	The success rate for author, title and subject searches in the adult collection is 78%.		Percent	N	84.1%	84.0%	YES	0.1%
SDP 1 - 4	The success rate for browsing in the adult collection is 90%.		Percent	N	91.4%	91.6%	YES	-0.2%
SDP 1 - 7	95% of invoices for library materials are sent to accounts payable within 30 days.		Percent	N	95%	Sample	YES	1.9%
SDP 1 - 8	85% of the librarians assess that they have the necessary digital resources to provide what customers require.		Percent	N	100%	100.0%	YES	

SERVICE DELIVERY PLAN #1 ACTIVITIES			SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
OCA	Description	Product				Y/N	+/-
636000	Select Materials for Adults	An Item Selected and Acquired	N	19,565.00	Sample	YES	
636010	Select Materials for Children	An Item Selected and Acquired	N	9,055.00	Sample	YES	
636020	Review Adult Materials for Repair or Discard	An Item Discarded	N	16,814.00	15,975.00	NO	5.3%
636030	Review Childrens Materials for Repair or Discard	An Item Discarded	N	8,228.00	8,215.00	YES	0.2%
636040	Order Materials for Library Collection	An Item Ordered	N	28,636.00	Sample	YES	
636050	Receive Materials for Library Collection	An Item Received	N	29,888.00	30,700.00	YES	-2.6%
636060	Acquiring Supplies and Services for the Library	An Order Placed	N	284.00	282.00	YES	0.7%
636140	Administrative and Support Services for Collections	A Work Hour	N	1,404.00	Work Hour NATD	WH	
SERVICE DELIVERY PLAN #2: PREPARE LIBRARY MATERIALS FOR THE PUBLIC							
SERVICE DELIVERY PLAN #2 MEASURES			SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
SDP 2 - 1	Data Point					Y/N	+/-
	The accuracy rate for cataloging materials is 95%.	Percent	N	99.8%	99.9%	YES	-0.1%
SDP 2 - 2	95% of items are available to the public within 60 days of receipt from Acquisitions.	Percent	N	99.3%	Sample	YES	0.3%
SDP 2 - 3	92% of items repaired are returned to public use within 60 days.	Percent	N	97.5%	Sample	YES	
SERVICE DELIVERY PLAN #2 ACTIVITIES			SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
OCA	Description	Product				Y/N	+/-
636070	Catalog Titles	A Cataloged Title	N	18,710.00	18,959.00	YES	-1.3%
636080	Process Items	A Processed Item	N	49,672.00	Sample	YES	
636090	Add, Modify & Delete Items	A Catalog Record Modified	N	122,301.00	NATD	N/A	
636100	Repair Materials	A Repaired Item	N	16,802.00	Sample	YES	0.9%
636141	Administrative and Support Services for Cataloging	A Work Hour	N	1,324.00	Work Hour NATD	WH	
SERVICE DELIVERY PLAN #3: PROVIDE ACCESS AND USE OF LIBRARY MATERIALS							
SERVICE DELIVERY PLAN #3 MEASURES			SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
SDP 3 - 1	Data Point					Y/N	+/-
	14.5 items are checked out annually per capita.	Number of Items	N	14.2	14.2	YES	
SDP 3 - 2	20% of the library's total circulation is used in-house annually.	Percent	N	14.0%	NATD	N/A	
SDP 3 - 3	92% of library collection materials returned are available to library users within 24 hours after check-in.	Percent	N	94.0%	Duplicate of PM 4.		
SDP 3 - 4	94% of materials are reshelfed in accurate order.	Percent	N	96.7%	Sample	YES	2.6%
SDP 3 - 5	84% of materials are returned before the second overdue notice is generated.	Percent	N	91.0%	Sample	YES	0.5%
SDP 3 - 7	The overall customer satisfaction rating of 95% for Circulation Services is achieved.	Percent	N	98.3%	98.3%	YES	
SDP 3 - 8	95% of customers express satisfaction with interlibrary loan services.	Percent	N	100.0%	NATD	N/A	
SERVICE DELIVERY PLAN #3 ACTIVITIES			SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
OCA	Description	Product				Y/N	+/-
636110	Check Out Library Materials	An Item Checked Out or Renewed	N	1,891,080.00	1,891,080.00	YES	
636120	Shelve Library Materials	An Item Checked In and Shelved	N	1,289,392.00	1,289,392.00	YES	

SERVICE DELIVERY PLAN #3 ACTIVITIES			SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
OCA	Description	Product				Y/N	+/-
636130	Notification of Overdues, Reserves and Missing Items	A Customer Notification	N	75,521.00	Sample	YES	
636142	Interlibrary Loan	A Customer Request	N	5,745.00	5,745.00	YES	
636143	Support for Circulation	A Work Hour	N	2,558.00	Work Hour NATD	WH	

### PROGRAM 637 AUDIT STATISTICS

Number of Results Reported Within 3% & 5%	22	88.0%
Number of Results Not Reported Within 3% & 5%	2	8.0%
Number of Results Unable to be Verified	1	4.0%
Total Number of Measures/Activities Reviewed	25	100.0%
Number of Results Not Audited (Work Hours)	2	
Total Number of Measures/Activities in the Program	27	
Number of SOPs Missing	0	

PROGRAM 637 - LIBRARY PROGRAMS AND SERVICES MEASURES		PROGRAM	Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
							Y/N	+/-
PM 1	90% of library users are satisfied with the availability of Library programs, classes and events for adults. *		Percent	N	92.7%	92.2%	YES	0.5%
PM 2	86% of library users rate Library staff efforts as effective in providing assistance in using library resources and information.		Percent	N	89%	89%	YES	
PM 3	90% of participating respondents at classes and school/group visits for adults increase their knowledge of the library and its resources. *		Percent	N	100%	97.7%	YES	2.3%
PM 5	The Budget/Cost Ratio (planned cost divided by actual cost) is 1.0.		Ratio	N	1.04	1.04	YES	
SERVICE DELIVERY PLAN #3: OUTREACH SERVICES								
SERVICE DELIVERY PLAN #3 MEASURES			Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
							Y/N	+/-
SDP 3-3	95% of customers for Special Outreach Services are satisfied with services.		Percent	N	100.0%	NATD	N/A	
SDP 3-4	30 community events are attended to share the value of library resources and develop partnerships.		Number of Events	N	19	19	YES	
SDP 3-5	65% of library customers are aware of library events and services through outreach activities.		Percent	N	67.4%	67.4%	YES	
SDP 3-6	50% of grant applications are successful.		Percent	N	66.0%	66.6%	YES	-0.6%
SERVICE DELIVERY PLAN #3 ACTIVITIES					Reported Result	Auditor Calculation	Accurate within 5%	
OCA	Description	Product		SOP Missing			Y/N	+/-
637030	Provide Library Materials for Loan through Outreach Services	An Item Loaned		N	3,891.00	3,397.00	NO	14.5%
637120	Support City Initiatives for Community Outreach	A Community Event Participated In		N	19.00	19.00	YES	
637140	Provide Tools to Enable Customer Self-Sufficiency in Using Library	An Item Printed/Prepared for Distribution		N	260.00	260.00	YES	
637150	Grant Applications	A Grant Application Submitted		N	4.00	4.00	YES	
SERVICE DELIVERY PLAN #4: SERVICES FOR ADULTS								
SERVICE DELIVERY PLAN #4 MEASURES			Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
							Y/N	+/-
SDP 4-1	Inquiries for information from adults are answered accurately 80% of the time.		Percent	N	95.6%	95.6%	YES	
SDP 4-2	Overall customer satisfaction rate of information services for adults is 85%. *		Percent	N	98.6%	98.6%	YES	
SDP 4-4	Satisfaction rate for the quality of information provided for City Staff is at 90%.		Percent	N	98.4%	98.4%	YES	
SDP 4-6	2,500 library users attend programs for adults. *		Number of Attendants	N	2,674	2,674	YES	
SDP 4-8	95% of responding participants are satisfied with programs for adults.		Percent	N	100.0%	100.0%	YES	

SERVICE DELIVERY PLAN #4 ACTIVITIES			SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
OCA	Description	Product				Y/N	+/-
637100	Repond to Reference Questions from Adults	A Response Given	N	124,562.00	Sample	YES	-1.1%
637104	Administrative and Support Services for Adults	A Work Hour	N	1,575.10	Work Hour NATD	WH	
637110	Provide Educational Classes and Enrichment Programs for Adults	An Activity Offered	N	147.00	148.00	YES	-0.7%
SERVICE DELIVERY PLAN #5: SERVICES FOR CHILDREN AND TEENS							
SERVICE DELIVERY PLAN #5 MEASURES		Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
						Y/N	+/-
SDP 5-1	Inquiries for information from children and teens are answered accurately 80% of the time.	Percent	N	100%	100%	YES	
SDP 5-2	Overall customer satisfaction rate of information services for children and teens is 85%.	Percent	N	100%	100%	YES	
SDP 5-5	12,000 library users attend programs for children and teens.	Number of Attendants	N	16,814	16,261	NO	3.4%
SDP 5-7	90% of responding participants are satisfied with programs for children and teens.	Percent	N	89.7%	90.0%	YES	-0.3%
SERVICE DELIVERY PLAN #5 ACTIVITIES			SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
OCA	Description	Product				Y/N	+/-
637105	Respond to Information Inquiries from Children, Teens, and Parents	A Response Given	N	51,852.00	Sample	YES	-0.6%
637108	Administrative and Support Services for Children and Teens	A Work Hour	N	2,307.50	Work Hour NATD	WH	
637130	Provide Library Activities for Children & Teens	An Activity Offered	N	585.00	581.00	YES	0.7%

### PROGRAM 638 AUDIT STATISTICS

Number of Results Reported Within 3% & 5%	20	80.0%
Number of Results Not Reported Within 3% & 5%	1	4.0%
Number of Results Unable to be Verified	4	16.0%
Total Number of Measures/Activities Reviewed	25	100.0%
Number of Results Not Audited (Work Hours)	1	
Total Number of Measures/Activities in the Program	26	
Number of SOPs Missing	0	

PROGRAM 638 - LIBRARY LEARNING ENVIRONMENT						Accurate within 3%	
PROGRAM MEASURES		Data Point	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-
PM 1	86% of library users feel safe when visiting the library facilities.	Percent	N	88.0%	88.0%	YES	
PM 2	98% of hazardous conditions are corrected within 24 hours of being identified.	Percent	N	100.0%	NATD	N/A	
PM 3	84% of library users are satisfied with the appearance of the library facilities.	Percent	N	83.0%	83.0%	YES	
PM 4	73% of library users believe that the library's hours of operation meet their needs.	Percent	N	79.0%	79.0%	YES	
PM 5	A minimum of 85% of the library's computer work stations are available to library users during normal hours of operation. *	Percent	N	99.7%	99.6%	YES	0.1%
PM 6	The library's electronic service delivery systems are available to library users 94% of the time.	Percent	N	99.6%	99.6%	YES	
PM 7	92% of library staff members are satisfied with the quality of professional development opportunities that the City provides.	Percent	N	81.8%	81.8%	YES	
PM 8	The Budget/Cost Ratio (planned cost divided by actual cost) is at 1.0.	Ratio	N	0.999	0.999	YES	
SERVICE DELIVERY PLAN #1: FACILITY AND DELIVERY OF SERVICES							
						Accurate within 3%	
SERVICE DELIVERY PLAN #1 MEASURES		Data Point	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-
SDP 1-1	The overall customer satisfaction rating of 85% for the Library building is achieved.	Percent	N	82.0%	82.0%	YES	
SDP 1-2	98% of hazardous conditions are corrected within 24 hours of being identified.	Percent	N	100.0%	Duplicate of PM 2.		
SDP 1-3	Security services are provided during 82% of library open hours.	Percent	N	78.8%	80.0%	YES	1.2%
SDP 1-4	100% of workorders for building maintenance problems are submitted within 24 hours of identifying a problem.	Percent	N	98.5%	NATD	N/A	
SERVICE DELIVERY PLAN #1 ACTIVITIES						Accurate within 5%	
OCA	Description	Product	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-
638000	Provide Security Services	An Hour of Security Service	N	2,578.00	2,682.00	YES	-3.9%
638010	Perform Safety Walkthroughs	A Walkthrough Completed	N	316.00	317.00	YES	-0.3%
638020	Report Facilities Maintenance Problems	A Workorder Submitted	N	255.00	258.00	YES	-1.2%
638030	Deptmental Administrative and Support Services	A Work Hour	N	6,707.40	Work Hour NATD	WH	

SERVICE DELIVERY PLAN #3: COMMUNITY AND REGIONAL RELATIONSHIPS							
SERVICE DELIVERY PLAN #3 MEASURES		Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
OCA	Description	Product	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-
SDP 3-1	There is a Sunnyvale Library Representative on 89% of the Silicon Valley Library System regional committees.	Percent	N	100.0%	100.0%	YES	
SDP 3-2	The number of library volunteer hours contributed is six percent of library staff hours budgeted each fiscal year.	Percent	N	5.8%	Sample	YES	0.05%
		Number of Hours		6,376	Sample		0.8%
SDP 3-3	The Board of Library Trustees completes 100% of its workplan items and reviews five library policies.	Percent	N	96.0%	96.0%	YES	
		Number of Policies		7	7		
SERVICE DELIVERY PLAN #3 ACTIVITIES						Accurate within 5%	
OCA	Description	Product	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-
638060	Participate in Regional Library Meetngs	A Meeting Attended	N	25.00	25.00	YES	
638070	Support Library Volunteer Activities	A Volunteer Work Hour	N	5,812.00	Sample	NO	-8.1%
638080	Work with the Board of Library Trustees	A Meeting of the Board of Trustees	N	13.00	13.00	YES	
SERVICE DELIVERY PLAN #5: TECHNOLOGY AND TRAINING							
SERVICE DELIVERY PLAN #5 MEASURES		Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
OCA	Description	Product	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-
SDP 5-1	The overall customer satisfaction rating of the library digital resources and equipment is 85%.	Percent	N	93.5%	93.5%	Yes	
SDP 5-2	99% of computer and equipment maintenance problems are addressed within 24 hours.	Percent	N	100.0%	NATD	N/A	
SDP 5-4	85% of the librarians assess that they receive adequate training to provide what customers require.	Percent	N	83.3%	83.3%	Yes	
SERVICE DELIVERY PLAN #5 ACTIVITIES						Accurate within 5%	
OCA	Description	Product	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-
638130	Maintain Computers/ Equipment	A Completed Maintenance/ Repair	N	18,611.00	Sample	Yes	-1.1%
638131	Provide General Staff Training	A General Staff Training Session Provided	N	7.00	NATD	N/A	

Number of Results Reported Within 3% & 5%	75	86%
Number of Results Not Reported Within 3% & 5%	4	5%
Number of Results Unable to Verified	8	9%
Total Number of Measures/Activities Reviewed	87	100.0%
Number of Results Not Audited (Work Hours/Allocated)	6	
Total Number of Measures/Activities in the Program	93	
Number of SOPs Missing	0	

PROGRAM 636		Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%		Findings	Recommendations		Department Response	Disposition
Program Measures						Y/N	+/-					
PM 1	83% of library users are satisfied with the quality of library services.	Percent	N	86.0%	86.0%	YES		None		None	N/A	N/A
PM 2	75% of library users find the requested information or materials they seek in the library.	Percent	N	79.0%	79.0%	YES		None		None	N/A	N/A
PM 3	Items in the library are checked out an average of five times per year.	Percent	N	6.67	6.66	YES	0.2%	Staff currently has to individually look up each location in the collection (using Innovative) to obtain the number of items in the collection rather than being able to print out a comprehensive report that provides these statistics.	1	Staff should work with Millennium, the makers of the Innovative software system or with City Information Technology staff to generate a circulation report directly from the Innovative system, as well as, a report on the number of materials in the collection. In the meantime, instead of printing out monthly innovative reports with this statistical information and manually entering the information into an excel spreadsheet; staff should download the information directly into excel and use this as the source of the "Circulation Statistics" report. Downloading the information directly into excel will minimize the opportunity for human errors to occur.	The initial process of developing download tables is very time consuming. Staff did not have time to do so during the initial implementation of the system due to more pressing implementation matters. Staff is beginning to explore ways to use Millennium to download reports and export them to Excel.	Implement as the response indicates.
								Several adding errors were made in deriving totals for materials in the collection and materials circulated. While these errors were relatively minor, the current system staff is using of manually adding things together is not easily proofed.	2	If the Program is not able to generate the reports mentioned in Recommendation 1, then the auditor recommends staff enter numbers into an excel spreadsheet so that columns of numbers can be automatically summed and more easily checked for errors.	Staff will explore ways to use Millennium to download reports and export them to Excel.	Implement as the response indicates.
PM 4	92% of library collection materials returned are available to library users within 24 hours after check-in.	Percent	N	94.0%	93.2%	YES	0.8%	Four slips out of the 170 were missing the date the materials were shelved, but it appears staff counted them as having met the measure when making calculations.	3	Staff should not count slips that are missing the shelved date. These slips should be eliminated from the sample when making calculations	Staff will implement in FY 2007/08 to obtain a full year of standardized data.	Implement as the response indicates.



								Twenty-eight percent of the shelving slips were missing a start date, which is the date that establishes when the books are received.	4	Clerks should fill in the start date on shelving slips when they begin the process of placing materials on the cart rather than at the end. This is a more accurate measurement of the time it has taken for the materials to be shelved after being received. In addition, it will eliminate the presence of missing start dates on the shelving forms.	Staff will implement in FY 2007/08 to obtain a full year of standardized data.	Implement as the response indicates.
PM 5	94% of library users are satisfied with the cleanliness and usability of the library collection materials.	Percent	N	99.0%	97.6%	YES	1.4%	Several adding and information transfer errors were made when staff calculated totals for the results of the survey.	5	While error rates were within acceptable limits, the auditor recommends staff work with the auditor to develop an excel spreadsheet to enter and count survey responses. Using an excel spreadsheet will allow staff to link cells and minimize the manual transfer of information, which can lead to errors. Use of an excel spreadsheet should also minimize calculation errors as it is easier to proof calculation formulas.	Staff will tally the results of the customer satisfaction surveys using an Excel spreadsheet. It will still require a manual transfer of information from the forms themselves to the spreadsheet but at least the manual calculations will be more accurate.	Implement as the response indicates.
PM 6	95% of popular, high demand library materials are available to library users within seven days of receipt or within seven days from request if items have already been received.	Percent	N	100.0%	Sample	YES	0.3%	Entering the book cart tracking slip information into the Access database is a time consuming process and may not be necessary.	6	The Program should examine whether they need to track the time it takes to catalogue each title or if they could take a sample of this process instead. This could greatly reduce staff time spent on this task while still achieving statistically significant results. If there is no use of this information other than reporting for this measure, the Program should strongly consider sampling rather than tracking all titles. The Program should review the survey and sampling guidelines being released by Finance in FY 2006/2007 to develop a sampling plan.	Staff will streamline the amount of information that needs to be input.	Implement as the response indicates.
PM 7	The Budget/Cost Ratio (planned cost divided by actual cost) is 1.0.	Ratio	N	1.00	1.00	YES		None		None	N/A	N/A

SERVICE DELIVERY PLAN #1: SELECT AND ACQUIRE MATERIALS FOR ADULTS AND CHILDREN												
SERVICE DELIVERY PLAN #1 MEASURES		Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%		Findings	Recommendations		Department Response	Disposition
						Y/N	+/-					
SDP 1 - 1	The success rate for author, title and subject searches in the children's collection is 75%.	Percent	N	89.3%	89.2%	YES	0.1%	The sample size may not be adequate to meet the Program's needs.	7	The Program should review the sampling guidelines being released in FY 2006/2007 to ensure the applied sampling methodology and size is adequate to meet the Program's needs.	Staff will review the sampling guidelines released by the City.	Implement as the response indicates.

								Several calculation and information transfer errors were made when staff calculated totals for the results of the survey.	8	While error rates were within acceptable limits, the auditor recommends staff work with the auditor to develop an excel spreadsheet to enter and count survey responses. Using an excel spreadsheet will allow staff to link cells and minimize the manual transfer of information, which can lead to errors. Use of an excel spreadsheet should also minimize calculation errors as it is easier to proof calculation formulas.	Staff will use an Excel spreadsheet to minimize calculation errors and provide for easier proofing of calculation formulas.	Implement as the response indicates.
SDP 1 - 2	The success rate for browsing in the children's collection is 90%.	Percent	N	95.2%	95.2%	YES		See Findings for Program 636 SDP 1-1.		See Recommendations for Program 636 SDP 1-1.	See comments for 636 SDP1-1.	See Disposition for 636 SDP 1-1.
SDP 1 - 3	The success rate for author, title and subject searches in the adult collection is 78%.	Percent	N	84.1%	84.0%	YES	0.1%	See Findings for Program 636 Measure 5.		See Recommendations for Program 636 Measure 5.	See comments for PM 5.	See Disposition for 636 PM 5.
SDP 1 - 4	The success rate for browsing in the adult collection is 90%.	Percent	N	91.4%	91.6%	YES	-0.2%	See Findings for Program 636 Measure 5.		See Recommendations for Program 636 Measure 5.	See comments for PM 5.	See Disposition for 636 PM 5.
SDP 1 - 7	95% of invoices for library materials are sent to accounts payable within 30 days.	Percent	N	95%	Sample	YES	1.9%	The Program was unable to locate 2 of the 50 invoices sampled for the 3rd Quarter.	9	The auditor recommends staff archive all invoices sampled for documenting reported results. In addition, the Program needs to determine why invoices were missing and how to eliminate this problem. This may require changing procedures or policies with regard to record-keeping or simply reminding staff of procedures already in place.	Staff will make copies of the invoices used for sampling. Staff believe that two invoices could not be located during the audit because many invoices were pulled for the purpose of the audit and they were accidentally misplaced in a different stack of papers. Generally, the invoice files are kept up-to-date and accurate.	Implement as the response indicates.
								Staff did not always use the earliest receipt date stamped on invoices for calculating time elapsed between when the invoice was received and when it was sent to accounts payable. This did not affect the reported result as these invoices were still processed within 30 days.	10	Staff should be sure to use the date the invoice was first received by the Library. In addition, several of the stamped dates were of the wrong year. Staff should be sure that stamp dates are accurate.	Staff will stamp the invoices with the date the invoice was first received by the Library.	Implement as the response indicates.
SDP 1 - 8	85% of the librarians assess that they have the necessary digital resources to provide what customers require.	Percent	N	100%	100.0%	YES		Only 54% of the librarians surveyed responded to the survey and only 67% of the librarians who returned the survey clearly answered the question as "yes" or "no." When conducting a survey of such a small number of people, it is crucial to obtain responses from as many participants as possible, if not from all participants. Otherwise results can be skewed in one direction or another.		None. This measure has been eliminated in the FY 2006/2007 Budget Restructure. However, should the Program resume this survey they should consult with audit staff to identify ways to increase the response rate.	N/A	N/A
SERVICE DELIVERY PLAN #1 ACTIVITIES					Auditor	Accurate within 5%						
OCA	Description	Product	SOP Missing	Reported Result	Calculation	Y/N	+/-	Findings		Recommendations	Department Response	Disposition

636000	Select Materials for Adults	An Item Selected and Acquired	N	19,565.00	Sample	YES		The total number of materials selected from the log and the donation tracking sheets did not match what was reported in the budget. It is unclear why there is a discrepancy, but it could be a result of the log being manually kept and summed.	11	While the Program is currently able to obtain product counts for materials received from the Innovative system, staff indicated that they are not able to use this system to generate purchase order numbers and as a result keep a manual log for tracking purposes. However, Innovative does contain fund information for each item ordered and received. Adult materials are all paid for through certain funds and children's materials are paid for through different funds. Rather than attempting to tally up the log for this information, the auditor recommends the Program explore using Innovative to total products ordered and received from each of the funds to get selection products. If it is not possible to obtain information from the system, staff should take extra care in entering this information into the log and should consider using an excel spreadsheet rather than a manual tracking sheet to make summing columns easier.	It is correct that we track our orders using the manually kept Acquisitions log and donation sheets. The discrepancy in results was probably due to the fact that some items on the order log are not counted in our products, such as items ordered for other departments. The auditor would not be aware of these items. We are working on implementing electronic ordering through Millennium and this will allow us to generate purchase order numbers. It remains to be seen how useful this will be to us since our products do not come from the fund information. We may be able to run a report listing all items ordered during a certain time period, but we will still have to track items not ordered through Millennium. We are investigating the feasibility of putting the order log on an excel spreadsheet. Since there is only one activity above 5%, (5.3%), the value of changing and possibly introducing different errors should be weighed against issues of efficiency.	Implement as the response indicates.
								Two of the 39 order confirmation sheets provided from AP 7 showed a different number of materials than were recorded in the log.				
								Nine of the 48 order confirmation sheets, 18.75%, from Accounting Period 7 were missing.	12	Program management should review filing procedures with staff to ensure order confirmation sheets are properly filed and the location of sheets is always known. The Program should consider requiring staff to place a marker in the file with the staff member's name and the date whenever a sheet is removed. The Program may consult with the auditor in developing such a system.	Filing procedures are being reviewed with staff.	Implement as the response indicates.
636010	Select Materials for Children	An Item Selected and Acquired	N	9,055.00	Sample	YES		Please see Findings for Activity 636000.		Please see Recommendations for 636000.	See comments for 636000.	See Disposition for Activity 636000
636020	Review Adult Materials for Repair or Discard	An Item Discarded	N	16,814.00	15,975.00	NO	5.3%	Twenty-six percent of the "636020 Adult Material Discards" worksheets had adding errors ranging from less than one percent to more than thirty percent in magnitude.	13	The auditor recommends tracking the products for this activity using an excel spreadsheet where product counts can be more easily proofed and counted.	Staff has begun tracking discards in FY 2006/07 using an Excel spreadsheet.	Implement as the response indicates.
636030	Review Childrens Materials for Repair or Discard	An Item Discarded	N	8,228.00	8,215.00	YES	0.2%	Please see Findings for Activity 636020.		Please see Recommendations for Activity 636020.	See comments for Activity 636020.	See Disposition for Activity 636020
636040	Order Materials for Library Collection	An Item Ordered	N	28,636.00	Sample	YES		Please see Findings for Activity 636000.		Please see Recommendations for 636000.	See comments for Activity 636000.	See Disposition for Activity 636000
636050	Receive Materials for Library Collection	An Item Received	N	29,888.00	30,700.00	YES	-2.6%	The Innovative reports for FY 2005/2006 show a total of 30,700 items received for the Library, 2.6% more items than were reported. It is unclear why there is a discrepancy between these reports and the reported result in the MBO.	14	The Program should review MBO reports to ensure that products were accurately reported and posted.	Staff are still learning about Innovative and the reports that can be obtained. The reporting discrepancy is likely due the fact that Millennium does not have 13 periods that matches the City's financial system which throws the results off. Staff are trying to find a way to fix this problem.	Implement as the response indicates.

								The products for this activity are closely related to those for Activity 636040 – Order Materials for the Library Collection, since the vast majority of items ordered are also received. The difference between the Innovative receipt report and the MBO reported product totals for FY 2005/2006 is likely due to products being ordered in one fiscal year and not received until the next.	15	Staff indicated that tracking time for these two activities separately does not provide any useful operational information, but does result in hours sometimes being miscoded on timecards. Staff recommended and the auditor agrees that these two activities should be combined.	Staff agrees that it might simplify things if we combined the order and receive activities since the tasks are closely related and are changing with the implementation of the Millennium system.	Implement as the response indicates.
636060	Acquiring Supplies and Services for the Library	An Order Placed	N	284.00	282.00	YES	0.7%	The Program reported two additional orders placed than were listed in the “Supply and Services Invoices” reports.		None. This activity has been eliminated in the FY 2006/2007 budget.	N/A	N/A
636140	Administrative and Support Services for Collections	A Work Hour	N	1,404.00	Work Hour NATD	WH						

SERVICE DELIVERY PLAN #2: PREPARE LIBRARY MATERIALS FOR THE PUBLIC													
SERVICE DELIVERY PLAN #2 MEASURES		Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%		Findings			Recommendations	Department Response	Disposition
						Y/N	+/-						
SDP 2 - 1	The accuracy rate for cataloging materials is 95%.	Percent	N	99.8%	99.9%	YES	-0.1%	Two error records were missing.	16		The Program should be sure procedures for documenting and filing cataloguing errors are well understood by all staff.	Procedures and filing instructions are in place and understood by staff.	Implement as the response indicates.
SDP 2 - 2	95% of items are available to the public within 60 days of receipt from Acquisitions.	Percent	N	99.3%	Sample	YES	0.3%	See Findings for Program 636 Measure 6.			None. This measure has been eliminated through the FY 2006/2007 budget restructure process.	N/A	N/A
SDP 2 - 3	92% of items repaired are returned to public use within 60 days.	Percent	N	97.5%	Sample	YES		Mending tracking slips (also known as green slips) are only completed during the survey period, which is likely to bias the results of the survey. When staff know their performance is being measured, they are more likely to meet target turnaround times.	17		The auditor recommends the Program use mending tracking slips throughout the year and then randomly sample from all slips at the end of the year. The Program should review the survey and sampling guidelines that will be released by the Finance Department in FY 2006/2007.	Staff will review sampling guidelines. Supervisor can spot check performance at any time.	Implement as the response indicates.
SERVICE DELIVERY PLAN #2 ACTIVITIES			SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%		Findings			Recommendations	Department Response	Disposition
OCA	Description	Product				Y/N	+/-						
636070	Catalog Titles	A Cataloged Title	N	18,710.00	18,959.00	YES	-1.3%	The auditor counted a total of 18,915 titles catalogued from the diary, while only 18,710 catalogued titles were reported in FY 2005/2006. Through the course of this audit, staff discovered titles catalogued on 6/29/06 and 6/30/06 were posted in FY 2006/2007 instead of FY 2005/2006 as they should have been. This accounts for 182 of the 205 title difference between the auditor's count and what was posted in the MBO.	18		Program management should review product totals posted in the MBO to ensure they are accurate. In addition, the auditor recommends staff import their daily-run reports of the titles catalogued into an excel spreadsheet and use this as the source for products. This will allow staff to easily see at the end of the fiscal year whether MBO product totals are accurate.	Results are accurate within 1.3%. Program management reviews product totals posted each period in the MBO, verifying with the EMPDIST reports. Catalogers run a daily report of number of cataloged titles, entering this on their timecard which adds the total number of titles cataloged for each week. Staff does not agree with the recommendation to capture products in a spreadsheet because this would be too time consuming and unnecessary.	Implement as recommended by the auditor.

636080	Process Items	A Processed Item	N	49,672.00	Sample	YES		The auditor observed product per hour rate was nearly double that of the rate reported in the MBO.	19	As discussed in the Overview, above, there are several factors that may account for the difference between the auditor observed product per hour rate and the rate reported in the MBO. However, the Program should review this activity and determine if there are any hours being inappropriately posted to it. In addition, the Program should review staff efficiency in performing this activity to identify any areas for improvement. Specifically, the auditor recommends management samples staff productivity for a period of time by requiring staff to check in and out with a supervisor when beginning and ending work for this activity. Processing rates from the sampling period when managerial oversight is strong can then be compared to rates over the last year or several years to identify any areas for improvement.	Staff efficiency is reviewed on an ongoing basis through reviewing data and trends contained in the financial reports. As a result of the audit, staff will review this activity in FY 2007/08 to determine if hours are being inappropriately posted to it.	Implement as the response indicates.
636090	Add, Modify & Delete Items	A Catalog Record Modified	N	122,301.00	NATD	N/A		The auditor observed product per hour rate was nearly double that of the rate reported in the MBO.	20	As discussed in the Overview, above, there are several factors that may account for the difference between the auditor observed product per hour rate and the rate reported in the MBO. However, the Program should review this activity and determine if there are any hours being inappropriately posted to it. In addition, the Program should review staff efficiency in performing this activity to identify any areas for improvement. Specifically, the auditor recommends management samples staff productivity for a period of time by requiring staff to check in and out with a supervisor when beginning and ending work for this activity. Add, modify and deletion rates from the sampling period when managerial oversight is strong can then be compared to rates over the last year or several years to identify any areas for improvement.	Staff efficiency is reviewed on an ongoing basis through reviewing data and trends contained in the financial reports. As a result of the audit, staff will review this activity in FY 2007/08 to determine if hours are being inappropriately posted to it.	Implement as the response indicates.

								The auditor was unable to verify the reported result as the tracking worksheets only track the total number of products and do not provide any identifying information for the auditor to use as a means of verifying these numbers.	21	The auditor agrees with staff that it would not be a good use of staff time to make the product worksheets more detailed in order to verify product counts. Instead, the auditor recommends product totals be confirmed by either another staff member or by a supervisor who initials the total on the worksheet each day. This will provide independent verification of product counts.	It is not feasible to do this because it would take an inordinate amount of time and would not achieve the auditor's desired result. Products are reviewed on a weekly and period basis.	Implement as the response indicates. However, future audits will only be able to verify product counts by performing an observation of the activity. As this audit was not able to determine if reported products were accurate, future audits may have similar problems.
636100	Repair Materials	A Repaired Item	N	16,802.00	Sample	YES	0.9%	None		None	N/A	N/A
636141	Administrative and Support Services for Catagloguing	A Work Hour	N	1,324.00	Work Hour NATD	WH						
SERVICE DELIVERY PLAN #3: PROVIDE ACCESS AND USE OF LIBRARY MATERIALS												
SERVICE DELIVERY PLAN #3 MEASURES		Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%		Findings		Recommendations	Department Response	Disposition
						Y/N	+/-					
SDP 3 - 1	14.5 items are checked out annually per capita.	Number of Items	N	14.2	14.2	YES		None		None	N/A	N/A
SDP 3 - 2	20% of the library's total circulation is used in-house annually.	Percent	N	14.0%	NATD	N/A		While staff followed the procedure outlined by the Measure's SOP, the auditor is not able to verify the reported result for several reasons. One, the only backup documentation for the number of items used in-house consists of a summary worksheet of daily counts. Two, sampling occurred during one week of the year and staff indicated on the measure calculation sheet that the sampling week was slow. Three, the Program relies on patrons leaving materials out during the sampling period. However, it is likely that in-house use of materials is greater than indicated due to patrons forgetting to leave materials out and returning them to the shelves.		None. The auditor would have recommended eliminating this measure, but it has already been eliminated in the FY 2006/2007 budget.	N/A	N/A
SDP 3 - 3	92% of library collection materials returned are available to library users within 24 hours after check-in.	Percent	N	94.0%	93.2%	This SDP Measure is a Duplicate of Program 636 Measure 4.				N/A	N/A	N/A
SDP 3 - 4	94% of materials are reshelfed in accurate order.	Percent	N	96.7%	Sample	YES	2.6%	The measure states materials are "reshelfed" in the right order, however books are re-shelfed throughout the day and sampling for shelf order accuracy is completed at various times. The measure is reporting shelf accuracy and not necessarily the accuracy with which librarians have re-shelfed materials.		None. The measure wording has already been corrected in the FY 2006/2007 budget.	N/A	N/A

SDP 3 - 5	84% of materials are returned before the second overdue notice is generated.	Percent	N	91.0%	Sample	YES	0.5%	Total notices for several periods were inaccurately totaled. While some AP totals were off by as much as 59%, they balanced out over the entire year resulting in a reported percentage that was relatively accurate. It should be noted that the Program was in the process of moving from their old software system, Inlex, to the new Innovative system during AP 2 when the biggest adding error occurred.	22	Staff should work with Millennium to create either a monthly or annual report which provides this information, which will make the information more easily verifiable and will not require staff to manually count numerous pages of numbers. If generating such a report is not possible, staff should print a screen shot showing the number of notices sent out each day and these numbers should be entered into an excel spreadsheet where they can be automatically totaled.	Staff have begun to enter numbers into an Excel spreadsheet as of Period 10 in the current fiscal year. Staff will explore possible alternatives to screen shots as this would require 5 screen shots to be made per day.	Implement as the recommended by the auditor.
								The SOP did not provide adequate instruction on how to calculate the reported result. Staff averaged percentages they had calculated each accounting period to arrive at an annual percentage instead of adding up the total number of notices for the year and calculating the annual percentage from these totals. The later is the preferred method and if followed would have yielded a reported result of 91.6% (using staff totals from their summary calculation worksheet).		None. The Program has corrected this issue in the FY 2006/2007 SOP for this measure.	N/A	N/A
SDP 3 - 7	The overall customer satisfaction rating of 95% for Circulation Services is achieved.	Percent	N	98.3%	98.3%	YES		See Findings for Program 636 Measure 5.		See Recommendations for Program 636 Measure 5.	See comments for 636 PM 5.	See Disposition for 636 PM 5.
SDP 3 - 8	95% of customers express satisfaction with interlibrary loan services.	Percent	N	100.0%	NATD	N/A		Only 4 surveys were returned in FY 2005/2006, which does not constitute an adequate sample size. While staff followed the instructions in the SOP, a sample size of 4 is not adequate to determine customer satisfaction with this service.		None. This measure has been eliminated in the FY 2006/2007 budget. However, if the survey is resumed in the future, the auditor recommends asking this question as part of the general Library Customer Satisfaction survey. This will enable the Library to capture responses from anyone who may have requested, but did not receive materials through Interlibrary Loan services, and will likely result in a greater response rate. In addition, the Program should review the survey guidelines being released in FY 2006/2007 to determine an adequate sample size and response rate.	N/A	N/A
SERVICE DELIVERY PLAN #3 ACTIVITIES						Accurate within 5%						
OCA	Description	Product	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-	Findings		Recommendations	Department Response	Disposition
636110	Check Out Library Materials	An Item Checked Out or Renewed	N	1,891,080.00	1,891,080.00	YES		None		None	N/A	N/A
636120	Shelve Library Materials	An Item Checked In and Shelled	N	1,289,392.00	1,289,392.00	YES		None		None	N/A	N/A



636130	Notification of Overdues, Reserves and Missing Items	A Customer Notification	N	75,521.00	Sample	YES		Significant adding errors were made by staff when totaling notices each AP. These adding errors ranged in magnitude from 0.1% to 59%. The tables below illustrate the differences between auditor and staff counts.	23	Staff should work with Millennium to create either a monthly or annual report which provides this information, which will make the information more easily verifiable and will not require staff to manually count numerous pages of numbers. If generating such a report is not possible, staff should print a screen shot showing the number of notices sent out each day and these numbers should be entered into an excel spreadsheet where they can be automatically totaled.	See comments for SDP 3-5.	See Disposition for SDP 3-5.
636142	Interlibrary Loan	A Customer Request	N	5,745.00	5,745.00	YES		None		None	N/A	N/A
636143	Support for Circulation	A Work Hour	N	2,558.00	Work Hour NATD	WH						

PROGRAM 637		Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%		Findings			Recommendations	Department Response	Disposition
Program Measures						Y/N	+/-						
PM 1	90% of library users are satisfied with the availability of Library programs, classes and events for adults. *	Percent	N	92.7%	92.2%	YES	0.5%	See Findings for Program 636 Measure 5.		See Recommendations for Program 636 Measure 5.	See comments for 636 PM-5.	See Disposition for Program 636 Measure 5	
PM 2	86% of library users rate Library staff efforts as effective in providing assistance in using library resources and information.	Percent	N	89%	89%	YES		None		None	N/A	N/A	
PM 3	90% of participating respondents at classes and school/group visits for adults increase their knowledge of the library and its resources. *	Percent	N	100%	97.7%	YES	2.3%	The results for this outcome measure were not entered into the excel calculation spreadsheet and instead the results for SDP measure 63704-8 were mistakenly reported.		None. This measure has been eliminated in the FY 2006/2007 budget restructure.	N/A	N/A	
								The excel spreadsheet used to tally results does not provide adequate detail for this process.					
PM 5	The Budget/Cost Ratio (planned cost divided by actual cost) is 1.0.	Ratio	N	1.04	1.04	YES		None		None	N/A	N/A	
SERVICE DELIVERY PLAN #3: OUTREACH SERVICES													
SERVICE DELIVERY PLAN #3 MEASURES		Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within		Findings			Recommendations	Department Response	Disposition
						Y/N	+/-						



SDP 3-3	95% of customers for Special Outreach Services are satisfied with services.	Percent	N	100.0%	NATD	N/A		Thirty-six percent of the 22 surveys the auditor reviewed were given the wrong designation on the staff summary calculation spreadsheet. The auditor counted one survey for which the respondent indicated they were not satisfied with services, which suggests the actual result for this measure is something less than 100%.		None. This measure has been eliminated in the FY 2006/2007 Budget Restructure.	N/A	N/A
SDP 3-4	30 community events are attended to share the value of library resources and develop partnerships.	Number of Events	N	19	19	YES		None		None	N/A	N/A
SDP 3-5	65% of library customers are aware of library events and services through outreach activities.	Percent	N	67.4%	67.4%	YES		See Findings for Program 636 Measure 5.		See Recommendations for Program 636 Measure 5.	See comments for 636 PM-5.	See Disposition for Program 636 Measure 5
SDP 3-6	50% of grant applications are successful.	Percent	N	66.0%	66.6%	YES	-0.6%	None		None	N/A	N/A

SERVICE DELIVERY PLAN #3 ACTIVITIES						Accurate within 5%						
OCA	Description	Product	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-	Findings		Recommendations	Department Response	Disposition
637030	Provide Library Materials for Loan through Outreach Services	An Item Loaned	N	3,891.00	3,397.00	NO	14.5%	The Program counted site visits as products in addition to the number of items loaned. The SOP does not specify that site visits should be counted as products.		None. Program staff stated that in previous years the SOP for this activity instructed staff to include site visits in the product count. The Program stated that the staff member responsible for tracking this activity was not informed when the SOP and product definition changed to only count actual items loaned. The Program will correct products already reported in FY 2006/2007 to make sure that site visits are no longer being counted.	N/A	N/A
637120	Support City Initiatives for Community Outreach	A Community Event Participated In	N	19.00	19.00	YES		None		None	N/A	N/A
637140	Provide Tools to Enable Customer Self-Sufficiency in Using Library	An Item Printed/Prepared for Distribution	N	260.00	260.00	YES		None		None	N/A	N/A
637150	Grant Applications	A Grant Application Submitted	N	4.00	4.00	YES		None		None	N/A	N/A
SERVICE DELIVERY PLAN #4: SERVICES FOR ADULTS												
SERVICE DELIVERY PLAN #4 MEASURES						Accurate within 3%						
		Data Point	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-	Findings		Recommendations	Department Response	Disposition

SDP 4-1	Inquiries for information from adults are answered accurately 80% of the time.	Percent	N	95.6%	95.6%	YES		The SOP procedure for calculating this measure, which indicates answers are rated and scored by various criteria, does not reflect actual practice. In addition, the SOP does not provide detailed instructions for how librarian responses to questions should be evaluated or scored for accuracy.		None. The Program changed the SOP for FY 2006/2007 to reflect the current practice, which counts answers as either accurate or inaccurate.	N/A	N/A
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								The sample size of 20 is not adequate. The reference desk reported answering 124,562 questions in FY 2005/2006.	24	After much discussion with Program and Department staff, the auditor recommends eliminating this measure. The purpose of the survey is to assess the technical accuracy of librarian responses to questions and the information provided by this survey is of greatest significance from a training perspective. To evaluate technical accuracy of staff responses, Program management should directly observe phone calls. The auditor recommends supervisors employ a sampling technique currently used by other programs. This technique involves the Program supervisor periodically listening in on phone calls and evaluating staff performance based on a set of criteria. The Program should work with the auditor to develop an appropriate sampling plan should they decide to use this technique.	Staff agree that this measure should be eliminated. Since many questions are not 'reference questions' and busy times for questions are hard to predict, 'listening' on the phone to calls does not seem to be efficient. There is already a measure for customer satisfaction. So it seems that the best way to address accuracy would be for the manager and division leader to informally observe transactions at they take place, not as a measure.	Implement as the response indicates.
							The Program does not have the time or resources to conduct an adequate survey using their current methodology. Management stated it is very time consuming to recruit and train the 20 volunteers they currently obtain each year for this purpose. Obtaining and training even more volunteers would place an even greater burden on the Program.					
							The survey is not the most appropriate tool for obtaining the desired information. Program managers stated this measure is used to evaluate the technical accuracy with which librarians answer reference questions, but is not an evaluation of customer satisfaction or service. As such, it is difficult for volunteers to accurately record librarians' responses to questions, so making decisions as to the accuracy of responses is questionable.					
SDP 4-2	Overall customer satisfaction rate of information services for adults is 85%. *	Percent	N	98.6%	98.6%	YES		See Findings for Program 636 Measure 5.		See Recommendations for Program 636 Measure 5.	See comments for 636 PM-5.	See Disposition for 636 PM 5.
SDP 4-4	Satisfaction rate for the quality of information provided for City Staff is at 90%.	Percent	N	98.4%	98.4%	YES		None		None	N/A	N/A
SDP 4-6	2,500 library users attend programs for adults. *	Number of Attendants	N	2,674	2,674	YES		None		None	N/A	N/A
SDP 4-8	95% of responding participants are satisfied with programs for adults.	Percent	N	100.0%	100.0%	YES		See Finding 2 for Program 637 Measure 3.		See Recommendation 2 for Program 637 Measure 3.	See comments for 637 PM-3.	See Disposition for 637 PM 3.
SERVICE DELIVERY PLAN #4 ACTIVITIES						Accurate within 5%						
OCA	Description	Product	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-	Findings	Recommendations		Department Response	Disposition
637100	Repond to Reference Questions from Adults	A Response Given	N	124,562.00	Sample	YES	-1.1%	The auditor tallied a total of 2,343 reference questions answered versus the 2,318 staff totaled for the AP 13 sampling period, a difference of 1.07%. It appeared that staff had miscounted various categories of reference questions.	25	Staff should take care when making marks on reference forms so tick marks are not misread and should be sure to double check counts.	Staff will continue to strive for accuracy in recording and counting.	Implement as the response indicates.

								The Program can reduce the amount of sampling for this activity and still achieve reliable results.	26	The City is currently developing survey and sampling guidelines for performance measurement. The auditor recommends the Program review the established guidelines once they are released in FY 2006/2007 to determine an appropriate sample size. These guidelines will also provide instruction on how to make sure the sample is random.	Staff will review the sampling guidelines released by the City.	Implement as the response indicates.
637104	Administrative and Support Services for Adults	A Work Hour	N	1,575.10	Work Hour NATD	WH						
637110	Provide Educational Classes and Enrichment Programs for Adults	An Activity Offered	N	147.00	148.00	YES	-0.7%	None		None	N/A	N/A
SERVICE DELIVERY PLAN #5: SERVICES FOR CHILDREN AND TEENS												
SERVICE DELIVERY PLAN #5 MEASURES		Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within		Findings	Recommendations	Department Response	Disposition	
SDP 5-1	Inquiries for information from children and teens are answered accurately 80% of the time.	Percent	N	100%	100%	YES		See Findings for Program 637 SDP Measure 4-1.		See Recommendations for Program 637 SDP Measure 4-1.	Staff agree that this measure should be eliminated. The artificial nature of the telephone survey negates any training benefit and does not accurately reflect the questions staff answer regularly for patrons. At the children's desk, staff receive no more than 3 or 4 calls per days and most are not 'reference questions.' Also for this reason, the listening-in method of sampling would not be a recommended approach.	Implement as the response indicates.
SDP 5-2	Overall customer satisfaction rate of information services for children and teens is 85%.	Percent	N	100%	100%	YES		None		None	N/A	N/A
SDP 5-5	12,000 library users attend programs for children and teens.	Number of Attendants	N	16,814	16,261	NO	3.4%	The wrong participant totals were transferred from the log to the AP summary statistics worksheet for one AP in FY 2005/2006.	27	The auditor recommends using an excel spreadsheet to log and track the number of participants and programs held for children and teens. This will allow staff to more easily proof and sum totals. Staff should work with the auditor to develop this tracking spreadsheet, which should also	Staff have already developed an Excel spreadsheet and have begun to use it.	Implement as the response indicates.
								Adding errors were made in 3 out of 13 APs, ranging in magnitude from less than one percent to eight percent.				
SDP 5-7	90% of responding participants are satisfied with programs for children and teens.	Percent	N	89.7%	90.0%	YES	-0.3%	None		None	N/A	N/A

SERVICE DELIVERY PLAN #5 ACTIVITIES					Auditor	Accurate within 5%						
OCA	Description	Product	SOP Missing	Reported Result	Calculation	Y/N	+/-	Findings	Recommendations	Department Response	Disposition	

637105	Respond to Information Inquiries from Children,Teens, and Parents	A Response Given	N	51,852.00	Sample	YES	-0.6%	The auditor tallied a total of 1,067 reference questions answered versus the 1,061 staff totaled for the AP 13 sampling period, a difference of 0.56%. It appeared that staff had just miscounted various categories of reference questions.	28	Staff should take care when making marks on reference forms so tick marks are not misread and should be sure to double check counts.	Staff will continue to strive for accuracy in reporting and counting.	Implement as the response indicates.
								The Program can reduce the amount of sampling for this activity and still achieve reliable results.	29	The City is currently developing survey and sampling guidelines for performance measurement. The auditor recommends the Program review the established guidelines once they are released in FY 2006/2007 to determine an appropriate sample size. These guidelines will also provide instruction on how to make sure the sample is random.	Staff will review the sampling guidelines released by the City.	Implement as the response indicates.
637108	Administrative and Support Services for Children and Teens	A Work Hour	N	2,307.50	Work Hour NATD	WH						
637130	Provide Library Activities for Children & Teens	An Activity Offered	N	585.00	581.00	YES	0.7%	The auditor count of activities produced for children and teens differs slightly from that reported.	30	The auditor recommends staff consider using an excel spreadsheet to track products for this activity as it will enable product totals to be more easily proofed and summed.	Staff have developed an Excel spreadsheet and have begun to use it.	Implement as the response indicates.
<b>PROGRAM 638</b>						<b>Accurate within 3%</b>		<b>Findings</b>				
<b>Program Measures</b>		<b>Data Point</b>	<b>SOP Missing</b>	<b>Reported Result</b>	<b>Auditor Calculation</b>	<b>Y/N</b>	<b>+/-</b>			<b>Recommendations</b>	<b>Department Response</b>	<b>Disposition</b>
PM 1	86% of library users feel safe when visiting the library facilities.	Percent	N	88.0%	88.0%	YES		None		None	N/A	N/A
PM 2	98% of hazardous conditions are corrected within 24 hours of being identified.	Percent	N	100.0%	NATD	N/A		The measure wording is misleading as the reported result only reflects the correction of hazardous conditions identified during the daily safety inspection and does not reflect those hazardous conditions discovered at other times of the day. While the SOP calculation methodology does specify that hazardous conditions are defined as those “found during the daily Safety Inspection,” this instruction is inconsistent with the measure wording itself. The auditor was unable to determine what additional hazardous conditions were identified and/or the timeframe in which they were corrected during the year.		None. This measure has been eliminated through the FY 2006/2007 budget restructure.	N/A	N/A
PM 3	84% of library users are satisfied with the appearance of the library facilities.	Percent	N	83.0%	83.0%	YES		None		None	N/A	N/A
PM 4	73% of library users believe that the library's hours of operation meet their needs.	Percent	N	79.0%	79.0%	YES		None		None	N/A	N/A

PM 5	A minimum of 85% of the library's computer work stations are available to library users during normal hours of operation. *	Percent	N	99.7%	99.6%	YES	0.1%	There is a discrepancy between the "Public PCs" Log and the report of computer availability statistics in Period 5 and Period 8. The report shows 72 PC's as available on October 23, 2005, while the Log shows that six computers were down on that day. On January 19, 2006, the report shows 72 PCs available, but the Log indicates one computer was down on that day.	31	The auditor recommends modifying the current log and computer availability report so that it is easier for staff to determine how many computers are operational at any given time and to eliminate the need to transfer information from the log to the report database.	SDP is accurate within 0.1%. This log must be portable so that staff can carry it around to the PCs. However, staff will separate the Public PCs Log from the computer availability log to make the number of operational computers clearer. Computer availability statistics will be sent each period by email and staff will explore the possibility of putting this file on the J: drive.	The logs are currently separated and the audit recommends combining them to eliminate discrepancies between the two logs. However, the response provides for corrective action. Implement as the response indicates.
PM 6	The library's electronic service delivery systems are available to library users 94% of the time.	Percent	N	99.6%	99.6%	YES		None		None	N/A	N/A
PM 7	92% of library staff members are satisfied with the quality of professional development opportunities that the City provides.	Percent	N	81.8%	81.8%	YES		None		None	N/A	N/A
PM 8	The Budget/Cost Ratio (planned cost divided by actual cost) is at 1.0.	Ratio	N	0.999	0.999	YES		None		None	N/A	N/A

SERVICE DELIVERY PLAN #1: FACILITY AND DELIVERY OF SERVICES													
SERVICE DELIVERY PLAN #1 MEASURES		Data Point	SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%		Findings			Recommendations	Department Response	Disposition
						Y/N	+/-						
SDP 1-1	The overall customer satisfaction rating of 85% for the Library building is achieved.	Percent	N	82.0%	82.0%	YES		None			None	N/A	N/A
SDP 1-2	98% of hazardous conditions are corrected within 24 hours of being identified.	Percent	N	100.0%	NATD	This SDP Measure is a duplicate of Program 638 Measure 2.							
SDP 1-3	Security services are provided during 82% of library open hours.	Percent	N	78.8%	80.0%	YES	1.2%	The costs and products associated with one-hundred and four security hours worked in FY 2005/2006 were not posted until FY 2006/2007 due to a billing discrepancy with the security services provider.	32	Costs and products should be accrued in the year in which they are actually produced even if they are not paid for until the following year. In this instance, the Program should have accrued the products and costs in FY 2005/2006 so they were appropriately allocated and then paid for them in the next fiscal year.	Staff will ensure that costs and products are accrued in the year in which they are actually produced even if they are not paid for until the following year.	Implement as the response indicates.	
SDP 1-4	100% of workorders for building maintenance problems are submitted within 24 hours of identifying a problem.	Percent	N	98.5%	NATD	N/A		Forty-eight percent of the notifications from staff to the Library administration assistant of facilities maintenance problems were verbal in AP 8. As a result, there is no backup documentation to establish the validity of these notification dates.		None. This measure has been eliminated through the FY2006/2007 budget restructure. If the Program were to resume measuring this process in the future, the auditor recommends changing the measure to report on the amount of time it takes for problems to	N/A	N/A	

								Dates for two out of twenty-one work orders submitted during AP 8 were incorrectly transferred to the log. In both instances, use of the incorrect date resulted in the appearance of the work order being submitted on the same day as the day the problem was identified. In one instance, the staff identification date was incorrect and in the other, the work order submission date. One of these instances would not have affected the reported result as the work order was still submitted on time based on the measure's criteria, however the other would have affected the reported result negatively.		be resolved, not just submitted to Facilities Maintenance.		
								Staff identified four work orders as being submitted late in FY 2005/2006 from the log, while the auditor counted seven late work orders. The number of work orders submitted late could be higher, as the auditor identified one additional late work order from reviewing AP 8 and problem identification dates are missing for approximately fifty percent of the work orders.				
SERVICE DELIVERY PLAN #1 ACTIVITIES						Accurate within 5%		Findings				
OCA	Description	Product	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-					
638000	Provide Security Services	An Hour of Security Service	N	2,578.00	2,682.00	YES	-3.9%	See Findings for Program 638 SDP Measure 1-3.		See Recommendations for Program 638 SDP Measure 1-3.	See comments for 638 SDP 1-3.	N/A
638010	Perform Safety Walkthroughs	A Walkthrough Completed	N	316.00	317.00	YES	-0.3%	None		None	N/A	N/A
638020	Report Facilities Maintenance Problems	A Workorder Submitted	N	255.00	258.00	YES	-1.2%	There is a slight discrepancy between the number of products reported in the MBO and those found in the log.		None. This activity has been eliminated in the FY 2006/2007 budget restructure.	N/A	N/A
638030	Deptmental Administrative and Support Services	A Work Hour	N	6,707.40	Work Hour NATD	WH						
SERVICE DELIVERY PLAN #3: COMMUNITY AND REGIONAL RELATIONSHIPS												
SERVICE DELIVERY PLAN #3 MEASURES						Accurate within 3%		Findings				
		Data Point	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-					
SDP 3-1	There is a Sunnyvale Library Representative on 89% of the Silicon Valley Library System regional committees.	Percent	N	100.0%	100.0%	YES		None		None	N/A	N/A



SDP 3-2	The number of library volunteer hours contributed is six percent of library staff hours budgeted each fiscal year.	Percent	N	5.8%	Sample	YES	0.05%	Volunteer hours were miscalculated on 10% of volunteer timecards in Period 5. The auditor found adding errors in four out of thirty-nine timecards for AP 5. The adding errors did not result in a significant discrepancy in actual versus reported hours volunteered due to errors being made in both directions and somewhat canceling each other out. However, the fact that adding errors were made on 10% of timecards tested is significant.		None. This measure has been eliminated through the FY 2006/2007 budget restructure.	N/A	N/A
		Number of Hours		6,376	Sample		0.8%					
SDP 3-3	The Board of Library Trustees completes 100% of its workplan items and reviews five library policies.	Percent	N	96.0%	96.0%	YES		None		None	N/A	N/A
		Number of Policies		7	7							
SERVICE DELIVERY PLAN #3 ACTIVITIES												
OCA	Description	Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%		Findings		Recommendations	Department Response	Disposition
						Y/N	+/-					
638060	Participate in Regional Library Meetngs	A Meeting Attended	N	25.00	25.00	YES		None		None	N/A	N/A
638070	Support Library Volunteer Activities	A Volunteer Work Hour	N	5,812.00	Sample	NO	-8.1%	Products were not posted for AP 13.		None. This activity has been eliminated in the FY 2006/2007 budget restructure.	N/A	N/A
								Volunteer hours were miscalculated on 10% of volunteer timecards in Period 5. The auditor found adding errors in four out of thirty-nine total timecards for Accounting Period 5. The adding errors did not result in a significant discrepancy in actual versus reported hours volunteered due to errors being made in both directions and largely canceling each other out. However, the fact that adding errors were made on 10% of timecards tested is significant.				
638080	Work with the Broard of Library Trustees	A Meeting of the Board of Trustees	N	13.00	13.00	YES		None		None	N/A	N/A
SERVICE DELIVERY PLAN #5: TECHNOLOGY AND TRAINING												
SERVICE DELIVERY PLAN #5 MEASURES												
		Data Point	SOP Missing	Reported Result	Auditor Calculation	3%		Findings		Recommendations	Department Response	Disposition
						Y/N	+/-					
SDP 5-1	The overall customer satisfaction rating of the library digital resources and equipment is 85%.	Percent	N	93.5%	93.5%	Yes		See Findings for Program 636 Measure 5.		See Recommendations for Program 636 Measure 5.	See comments for 636 PM 5.	See Disposition for 636 PM 5.



SDP 5-2	99% of computer and equipment maintenance problems are addressed within 24 hours.	Percent	N	100.0%	NATD	N/A		The measure wording is misleading for two reasons. One, the reported result is only an indication of how many problems staff were able to fix within 24 hours or referred to appropriate professionals within 24 hours, not the percentage of problems fixed or resolved within 24 hours. Two, the vast majority of “problems” in the log are computers that need to be rebooted or turned on. Staff log each day how many computers they have to “log on” in order for customers to use them.		None. This measure has been eliminated through the FY 2006/2007 budget restructure.	N/A	N/A
SDP 5-4	85% of the librarians assess that they receive adequate training to provide what customers require.	Percent	N	83.3%	83.3%	Yes		Only 54% of the librarians surveyed responded to the survey. When conducting a survey of such a small number of people, it is crucial to obtain responses from as many participants as possible, if not from all participants. Otherwise results can be skewed in one direction or another.		None. This measure has been eliminated in the FY 2006/2007 budget restructure. However, should the Program resume this survey they should consult with audit staff to identify ways to increase the response rate.	N/A	N/A
SERVICE DELIVERY PLAN #5 ACTIVITIES							Accurate within 5%	Findings				
OCA	Description	Product	SOP Missing	Reported Result	Auditor Calculation	Y/N	+/-			Recommendations	Department Response	Disposition
638130	Maintain Computers/ Equipment	A Completed Maintenance/ Repair	N	18,611.00	Sample	Yes	-1.1%	The auditor arrived at different product counts than staff for the number of PCs, printers, adult technical services, and microfilm maintenance/repairs rendered for the year. Product count differences ranged in magnitude from 0.2% to 4%.	33	While error levels remained within the acceptable limit of 5%, the auditor recommends the program use an excel spreadsheet to log all types of service requests. All logs can be kept on a shared drive in one excel file with each log on a separate worksheet and totals from each worksheet can be linked to a summary worksheet for reporting purposes. This would eliminate the need to manually add products and reduce paperwork. Staff should work with the auditor to create this file.	Accuracy is within 1.1%. Staff will establish an excel log in the Catalog & Processing area.	Implement as the response indicates.

638131	Provide General Staff Training	A General Staff Training Session Provided	N	7.00	NATD	N/A		The product title is inconsistent with the product definition in the SOP resulting in a misleading reported product total. The SOP defines the product as a “type of training” rather than a training session provided as the product title indicates. For example, staff attended Groupwise training sessions on three separate dates, but these three trainings were counted as one product. The auditor was not able to determine the total number of training sessions attended as one type of training in the log did not have specific dates next to it, but said “various.” In terms of determining product costs, it is more accurate and useful to track and report the actual number of training sessions held or even to count the number of staff attending each training.		None. The product has been changed in the FY 2006/2007 budget to a “training hour.”	N/A	N/A
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## Program 636: Library Collection Management – Detailed Findings and Recommendations

636 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 1	83% of library users are satisfied with the quality of library services.	N	86.0%	86.0%	Y	

### Documents/Systems Reviewed:

1. Measure SOP
2. City of Sunnyvale 2005 Resident Satisfaction Survey by Northwest Research Group, August 2005

The auditor confirmed the reported result is accurate with no findings to note.

636 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 2	75% of library users find the requested information or materials they seek in the library.	N	79.0%	79.0%	Y	

### Documents/Systems Reviewed:

1. Measure SOP
2. City of Sunnyvale 2005 Resident Satisfaction Survey by Northwest Research Group, August 2005

The auditor confirmed the reported result is accurate with no findings to note.

636 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 3	Items in the library are checked out an average of five times per year.	N	6.67	6.66	Y	0.2%

### Documents/Systems Reviewed:

1. Measure SOP
2. Staff calculation worksheet, "Turnover Rate 05-06"
3. "Circulation Statistics" reports for all periods in FY 2005/2006 and the "Circulation Activity by Item Location" reports for all periods in FY 2005/2006
4. Staff worksheet detailing the number of items in the collection by location

**Finding 1:** Staff currently has to individually look up each location in the collection (using Innovative) to obtain the number of items in the collection rather

than being able to print out a comprehensive report that provides these statistics. The "Circulation Statistics" report, which is manually generated by staff from reports from the Innovative system only contains information regarding the number of books in the collection at the beginning of the fiscal year, rather than at the end of the fiscal year when the calculation is being made. The report also includes items that do not circulate, such as Reference Books that must be excluded in the calculation.

**Recommendation 1:**

Staff should work with Millennium, the makers of the Innovative software system or with City Information Technology staff to generate a circulation report directly from the Innovative system, as well as a report on the number of materials in the collection. These reports should be reproducible at any time and will greatly reduce the amount of staff time required to generate statistics. In the meantime, instead of printing out monthly innovative reports with this statistical information and manually entering the information into an Excel spreadsheet; staff should download the information directly into Excel and use this as the source of the "Circulation Statistics" report. Downloading the information directly into Excel will minimize the opportunity for human errors to occur.

**Finding 2:** Several adding errors were made in deriving totals for materials in the collection and materials circulated. While these errors were relatively minor, the current system staff is using of manually adding things together is not easily proofed.

**Recommendation 2:**

If the Program is not able to generate the reports mentioned in Recommendation 1, then the auditor recommends staff enter numbers into an Excel spreadsheet so that columns of numbers can be automatically summed and more easily checked for errors.

636 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 4	92% of library collection materials returned are available to library users within 24 hours after check-in.	N	94.0%	93.2%	Y	0.8%

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff calculation worksheet, "Fiscal Year 2005-2006 Program Objective 636-4, 63603-2,-3,-4 and 636120: Shelf Materials"
3. Green Shelf Tracking Slips for Sampling Period Number Four, FY 2005/2006

### **Overview:**

Seven weeks per year, staff measure the time it takes to shelve books after they have been received and carted. The auditor reviewed the shelving tracking slips for the fourth week staff sampled. The auditor reviewed 170 slips and found 47 slips had no start date, 4 slips were missing a shelve date and 7 slips were not shelved in 24 hours. After observing the intake process and interviewing staff, the auditor determined that slips with no starting date could be counted as meeting the measure. Sometimes pages will take a cart that is still being filled and shelve the books because they have finished shelving all of the other carts. Clerks only put start dates on the shelving slips when the cart is full so if the page takes it early the start date remains blank; however the books have been shelved as soon as they have been received and met the measure of within 24 hours. The auditor calculated the result as 159 divided by 166 for a percent of 95.8%. Staff had calculated the result for sampling period 4 as 97%. This is a difference of 1.2%. Staff calculated a yearly shelve rate of 94.4% and rounded this result down to 94% when they reported results. Using sampling period four to extrapolate a yearly percentage, the auditor calculated the result as 93.2%

**Finding 1:** Four slips out of the 170 were missing the date the materials were shelved, but it appears staff counted them as having met the measure when making calculations.

### **Recommendation 1:**

Staff should not count slips that are missing the shelved date. These slips should be eliminated from the sample when making calculations

**Finding 2:** Twenty-eight percent of the shelving slips were missing a start date, which is the date that establishes when the books are received.

### **Recommendation 2:**

Clerks should fill in the start date on shelving slips when they begin the process of placing materials on the cart rather than at the end. This is a more accurate measurement of the time it has taken for the materials to be shelved after being received. In addition, it will eliminate the presence of missing start dates on the shelving forms.

636 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 5	94% of library users are satisfied with the cleanliness and usability of the library collection materials.	N	99.0%	97.6%	Y	1.4%

### **Documents/Systems Reviewed:**

1. Measure SOP
2. Staff Calculation Worksheets

3. Auditor reviewed all of the Library's customer satisfaction surveys from FY 2005/2006

**Overview:**

Staff administered 875 surveys during five sampling periods and 743 completed surveys were returned. Surveys are handed to patrons as they enter the library and they are encouraged to return the survey as they leave the library. Staff manually count each survey and note responses on a summary worksheet for every 20 surveys. Staff then manually add up the responses and total them at the bottom of the sheet. These totals are transferred to a master worksheet which summarized results for that particular sampling period. This master worksheet is also manually totaled. These totals are transferred to another master worksheet that contains totals for each of the five sampling periods and these totals are manually counted to arrive at measure results.

**Finding 1:** Several adding and information transfer errors were made when staff calculated totals for the results of the survey.

**Recommendation 1:**

While error rates were within acceptable limits, the auditor recommends staff work with the auditor to develop an Excel spreadsheet to enter and count survey responses. Using an Excel spreadsheet will allow staff to link cells and minimize the manual transfer of information, which can lead to errors. Use of an Excel spreadsheet should also minimize calculation errors as it is easier to proof calculation formulas.

636 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 6	95% of popular, high demand library materials are available to library users within seven days of receipt or within seven days from request if items have already been received.	N	100.0%	Sample	Y	0.3%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Cumulative Performance Indicator Summary" Reports for FY 2005/2006
3. Book Cart tracking slips with accompanying material slips for Period 3's "Cumulative Performance Indicator Summary" exception list
4. Staff log book of catalogued titles also known as the "Red Book"

### **Overview:**

This measure tracks how long it takes the library to get “popular, high demand” library materials on the shelf once they are received in Acquisitions. Each cart of library materials received in acquisitions is labeled with a Book Cart tracking slip and the date of receipt is entered onto this slip by staff. Each item on the cart has a slip with identifying information for cataloguing purposes. As the cart of materials is catalogued, processed and finally “input” into the system, staff marks the date each process is completed. These dates and the number of titles and volumes catalogued are entered into an access database, which generates a “Cumulative Performance Indicator Summary” report each accounting period. The auditor took a sample of Book Cart tracking slips for Period 3 and reconciled these slips with the report. The auditor’s count of titles catalogued during that time was slightly higher than staff’s count, but only by 0.3%.

**Finding 1:** Entering the book cart tracking slip information into the Access database is a time consuming process and may not be necessary.

### **Recommendation 1:**

The Program should examine whether they need to track the time it takes to catalogue each title or if they could take a sample of this process instead. This could greatly reduce staff time spent on this task while still achieving statistically significant results. If there is no use of this information other than reporting for this measure, the Program should strongly consider sampling rather than tracking all titles. The Program should review the survey and sampling guidelines being released by Finance in FY 2006/2007 to develop a sampling plan.

636 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 7	The Budget/Cost Ratio (planned cost divided by actual cost) is 1.0.	N	1.00	1.00	Y	

### **Documents/Systems Reviewed:**

1. Measure SOP
2. “City of Sunnyvale Program Progress Report through Period 14 Ending 06-30-06” for Program 636

**The auditor confirmed the reported result is accurate with no findings to note.**

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 1 - 1	The success rate for author, title and subject searches in the children's collection is 75%.	N	89.3%	89.2%	Y	0.1%

**Documents/Systems Reviewed:**

1. Measure SOP
2. Children's Reference Satisfaction and Findability Survey, FY 2005-2006 Summary Calculation Worksheets
3. Actual Children's Surveys for FY 2005/2006

**Overview:**

A total of two-hundred thirteen surveys were administered during four sampling periods. One-hundred ninety-three surveys were completed and returned. Staff members manually count each survey and note responses on a summary worksheet for every 20 surveys. Staff then manually add up the responses and total them at the bottom of the sheet. These totals are transferred to a master worksheet which summarizes results for that particular sampling period. This master worksheet is also manually totaled. These totals are transferred to another master worksheet that contains totals for each of the five sampling periods and these totals are manually counted to arrive at measure results.

**Finding 1:** The sample size may not be adequate to meet the Program's needs.

**Recommendation 1:**

The Program should review the sampling guidelines being released in FY 2006/2007 to ensure the applied sampling methodology and size is adequate to meet the Program's needs. For example, to achieve a 95% confidence level with a precision rate of plus or minus 5%, the Program would need to obtain 384 completed surveys from Library patrons. However, the Program will need to decide on a confidence level and may not need to be this precise.

**Finding 2:** Several calculation and information transfer errors were made when staff calculated totals for the results of the survey.

**Recommendation 2:**

While error rates were within acceptable limits, the auditor recommends staff work with the auditor to develop an Excel spreadsheet to enter and count survey responses. Using an Excel spreadsheet will allow staff to link cells and minimize the manual transfer of information, which can lead to errors. Use of an Excel spreadsheet should also minimize calculation errors as it is easier to proof calculation formulas.



636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 1 - 2	The success rate for browsing in the children's collection is 90%.	N	95.2%	95.2%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Children's Reference Satisfaction and Findability Survey, FY 2005-2006 Summary Calculation Worksheets
3. Actual Children's Surveys for FY 2005/2006

The auditor confirmed the reported result is accurate. The results for this measure come from the same survey and staff calculation worksheets as the results for Program 636, SDP measure 1-1. For process improvement recommendations, please see Program 636, SDP measure1-1 on p. 40.

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 1 - 3	The success rate for author, title and subject searches in the adult collection is 78%.	N	84.1%	84.0%	Y	0.1%

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff Calculation Worksheets
3. Auditor reviewed all of the Library's customer satisfaction surveys from FY 2005/2006

**Overview:**

Staff administered 875 surveys during five sampling periods and 743 completed surveys were returned. Surveys are handed to patrons as they enter the library and are encouraged to return the survey as they leave the library.

The auditor confirmed the reported result as accurate. The results for this measure come from the same survey and staff calculation worksheets as the results for Program 636, Measure 5. For process improvement recommendations, please see Program 636, Measure 5 on p. 37.

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 1 - 4	The success rate for browsing in the adult collection is 90%.	N	91.4%	91.6%	Y	-0.2%

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff Calculation Worksheets
3. Auditor reviewed all of the Library's customer satisfaction surveys from FY 2005/2006

**Overview:**

Staff administered 875 surveys during five sampling periods and 743 completed surveys were returned. Surveys are handed to patrons as they enter the library and are encouraged to return the survey as they leave the library.

**The auditor confirmed the reported result as accurate. The results for this measure come from the same survey and staff calculation worksheets as the results for Program 636, Measure 5. For process improvement recommendations, please see Program 636, Measure 5 on p. 37.**

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 1 - 7	95% of invoices for library materials are sent to accounts payable within 30 days.	N	95%	Sample	Y	1.9%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Quarterly Sampling" Sheets for FY 2005/2006
3. The auditor reviewed 48 of the 50 invoices sampled for the 3<sup>rd</sup> Quarter in FY 2005/2006.

**Overview:**

The Program calculates this measure by taking a sample of 50 invoices each quarter of the year and comparing the date the invoice is received by acquisitions to the date the Supervising Librarian signs the invoice approving payment and sends it to accounts payable. The auditor reviewed the results of the invoice sample staff pulled for the third quarter. Staff calculated the result for Quarter 3 as 96%, finding 48 of the 50 invoices sent to accounts payable within 30 days. The auditor reviewed 48 of the 50 invoices

(staff could not locate 2 invoices) and found 47 of the 48 invoices or 97.9% were sent to accounts payable within 30 days. Staff miscounted one invoice.

**Finding 1:** The Program was unable to locate 2 of the 50 invoices sampled for the 3<sup>rd</sup> Quarter.

**Recommendation 1:**

The auditor recommends staff archive all invoices sampled for documenting reported results. In addition, the Program needs to determine why invoices were missing and how to eliminate this problem. This may require changing procedures or policies with regard to record-keeping or simply reminding staff of procedures already in place.

**Finding 2:** Staff did not always use the earliest receipt date stamped on invoices for calculating time elapsed between when the invoice was received and when it was sent to accounts payable. This did not affect the reported result as these invoices were still processed within 30 days.

**Recommendation 2:**

Staff should be sure to use the date the invoice was first received by the Library. In addition, several of the stamped dates were of the wrong year. Staff should be sure that stamp dates are accurate.

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 1 - 8	85% of the librarians assess that they have the necessary digital resources to provide what customers require.	N	100%	100%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Digital Resources and Training Librarian Survey Forms" for all responses to the survey
3. "Digital Resources and Training Librarian Survey Results – June, 2006" staff calculation worksheet

**Overview:**

Regular, full-time librarians are surveyed once per year for this measure. In FY 2005/2006, approximately eleven librarians were surveyed and the Program received 6 responses. Only four of the responses were counted towards the measure as two surveys did not indicate a yes or no answer to either of the questions asked.

**Finding 1:** Only 54% of the librarians surveyed responded to the survey and only 67% of the librarians who returned the survey clearly answered the question as “yes” or “no.” When conducting a survey of such a small number of people, it is crucial to obtain responses from as many participants as possible, if not from all participants. Otherwise results can be skewed in one direction or another.

**Recommendation 1:**

None. This measure has been eliminated in the FY 2006/2007 Budget Restructure. However, should the Program resume this survey they should consult with audit staff to identify ways to increase the response rate.

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 2 - 1	The accuracy rate for cataloging materials is 95%.	N	99.8%	99.9%	Y	-0.1%

**Documents/Systems Reviewed:**

1. Measure SOP
2. Email and paper notifications of cataloguing errors for FY 2005/2006
3. Staff Calculation Sheet

**Overview:**

This measure is calculated by subtracting the number of catalogue errors staff and the OCLC (Online Computer Library Center) identify from the total number of titles catalogued and dividing this number by the total number of catalogued titles. In FY 2005/2006, staff found 30 errors, but could only produce backup documentation for 28 of these errors.

**Finding 1:** Two error records were missing.

**Recommendation 1:**

The Program should be sure procedures for documenting and filing cataloguing errors are well understood by all staff.

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 2 - 2	95% of items are available to the public within 60 days of receipt from Acquisitions.	N	99.3%	Sample	Y	0.3%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Cumulative Performance Indicator Summary" Reports for FY 2005/2006
3. Book Cart tracking slips with accompanying material slips for Period 3's "Cumulative Performance Indicator Summary" exception list

### **Overview:**

This measure tracks how long it takes the library to get library materials on the shelf once they are received in Acquisitions. Each cart of library materials received in acquisitions is labeled with a book cart tracking slip and the date of receipt is entered onto this slip by staff. Each item on the cart has a slip with identifying information for cataloguing purposes. As the cart of materials is catalogued, processed and finally "input" into the system, staff marks the date each process is completed. These dates and the number of titles and volumes catalogued are entered into an access database, which generates a "Cumulative Performance Indicator Summary" report each accounting period. The auditor took a sample of book cart tracking slips for Period 3 and reconciled these slips with the report. The auditor's count of titles was slightly higher than staff's count, but only by 0.3%.

**The results for this measure are derived from the same database used for Program Measure 6. Please see findings and recommendations for Program 636, Measure 6 on page 38. However, this measure has been eliminated through the FY 2006/2007 budget restructure.**

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 2 - 3	92% of items repaired are returned to public use within 60 days.	N	97.5%	Sample	Y	

### **Documents/Systems Reviewed:**

1. Measure SOP
2. "Mending Survey" Summary Calculation Worksheets for Mending Surveys 1 through 4
3. Mending tracking slips for Mending Survey 1

### **Overview:**

Library materials are mended throughout the year and mending turnaround times are surveyed each quarter during a one-week period. The auditor reviewed "Mending Survey" summary calculation sheets for each quarter and reconciled the first quarter's summary statistics to the individual mending tracking slips kept by staff. The auditor's calculations match those reported by the Program.

**Finding 1:** Mending tracking slips (also known as green slips) are only completed during the survey period, which is likely to bias the results of the survey. When staff know their performance is being measured, they are more likely to meet target turnaround times.

**Recommendation 1:**

The auditor recommends the Program use mending tracking slips throughout the year and then randomly sample from all slips at the end of the year. The Program should review the survey and sampling guidelines that will be released by the Finance Department in FY 2006/2007.

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 3 - 1	14.5 items are checked out annually per capita.	N	14.2	14.2	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. The auditor confirmed the Sunnyvale population projection for FY 2005/2006 with John Pilger
3. Circulation Statistics Reports from the Innovative Software System for FY 2005/2006
4. Staff generated Summary Circulation Statistics Report, Period 13 for FY 2005/2006

**Overview:**

This measure reports the average number of items checked out per capita in Sunnyvale in FY 2005/2006. The measure's target is currently set by looking at the Sunnyvale Library's past performance. While this measure has been eliminated in the FY 2006/2007 budget, the auditor recommends the target for any similar type measure adopted in the future be set based on the performance of libraries of similar size in surrounding jurisdictions.

**The auditor confirmed the reported result as accurate with no findings to note.**

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 3 - 2	20% of the library's total circulation is used in-house annually.	N	14.0%	NATD	N/A	

**Documents/Systems Reviewed:**

1. Measure SOP

2. "In-House Survey Results For Fiscal Year 2005-2006" staff worksheet
3. "Materials Use Survey: April 24 – April 28, 2006" staff worksheet

**Overview:**

This measure is calculated by counting the number of materials used in-house during one week of the year and extrapolating from this sampling period how many materials are used in-house for the entire year. This number is then divided by the total number of materials circulated in that year to arrive at the reported result. The auditor reviewed staff calculation sheets and using these sheets calculated a result of 13.9%.

**Finding 1:** While staff followed the procedure outlined by the Measure's SOP, the auditor is not able to verify the reported result for several reasons. One, the only backup documentation for the number of items used in-house consists of a summary worksheet of daily counts. Two, sampling occurred during one week of the year and staff indicated on the measure calculation sheet that the sampling week was slow. Three, the Program relies on patrons leaving materials out during the sampling period, but it is likely that in-house use of materials is greater than indicated due to patrons forgetting to leave materials out and returning them to the shelves.

**Recommendations:**

None. The auditor would have recommended eliminating this measure, but it has already been eliminated in the FY 2006/2007 budget.

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 3 - 3	92% of library collection materials returned are available to library users within 24 hours after check-in.	N	94.0%	93.2%	Y	0.8%

**This measure is a duplicate of Program 636, Measure 4. Please see findings and recommendations for Program 636, Measure 4 on page 36.**

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 3 - 4	94% of materials are reshelfed in accurate order.	N	96.7%	Sample	Y	2.6%

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff Calculation Worksheet
3. "Shelf Order Check" sheets for each accounting period

4. The auditor performed a shelf order check of 19 shelves on 11/8/06 at 3:15PM

**Overview:**

This measure reports on the percent of materials shelved in accurate order at any given time in the library. The auditor performed a shelf order check of 19 shelves and calculated an accuracy rate of 94.1%, which is within the range of accuracy rates calculated by staff when checking shelves in FY 2005/2006.

**Finding 1:** The measure states materials are “re-shelved” in the right order, however books are re-shelved throughout the day and sampling for shelf order accuracy is completed at various times. The measure is reporting shelf accuracy and not necessarily the accuracy with which library staff have re-shelved materials.

**Recommendation 1:**

None. The measure wording has already been corrected in the FY 2006/2007 budget.

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 3 - 5	84% of materials are returned before the second overdue notice is generated.	N	91.0%	Sample	Y	0.5%

**Documents/Systems Reviewed:**

1. Measure SOP
2. “1<sup>st</sup> Overdue Notices and 2<sup>nd</sup> Overdue Notices” staff calculation worksheet
3. “Notices Jobs” worksheets for Accounting Periods 1 through 13 except AP 8 and 13.
4. “Delinquency Notice Print Reports” for Accounting Period 2 from the Inlex System

**Overview:**

First overdue and second overdue notices are generated and tracked by the Innovative software system. Each day, staff commands the system to generate notices and through this process are able to see the total number of notices using a drop down screen in the program. Staff indicated they do not know how to create an annual or monthly report to provide this information so they are currently writing notice totals into a worksheet which is manually totaled each accounting period. The auditor’s calculations versus that of Program staff are found below in Table 1.

**Finding 1:** Total notices for several periods were inaccurately totaled. While some Accounting Period totals were off by as much as 59%, they balanced out



over the entire year resulting in a reported percentage that was relatively accurate. It should be noted that the Program was in the process of moving from their old software system, Inlex, to the new Innovative system during AP 2 when the biggest adding error occurred. Below, Table 1 illustrates the differences between auditor and staff counts.

Table 1 – FY 2005/2006 Overdue and Replacement Material Notices Reconciliation:

Period	Overdue/ 1st Notice		Percentage Difference	Replacement/ 2nd Notice		Percentage Difference
	Auditor	Staff		Auditor	Staff	
1	2,861	2,861	0.0%	346	246	28.9%
2	2,982	4,582	-53.7%	112	114	-1.8%
3	3,725	2,842	23.7%	179	179	0.0%
4	3,940	3,850	2.3%	303	303	0.0%
5	4,114	4,114	0.0%	368	368	0.0%
6	2,999	2,997	0.1%	370	386	-4.3%
7	3,333	3,333	0.0%	317	317	0.0%
8	Not audited			Not audited		
9	3,730	3,483	6.6%	282	282	0.0%
10	3,959	3,959	0.0%	356	356	0.0%
11	3,632	3,632	0.0%	313	314	-0.3%
12	3,732	3,741	-0.2%	355	361	-1.7%
13	Not audited			Not audited		
<b>Total</b>	<b>39,007</b>	<b>39,394</b>	<b>-1.0%</b>	<b>3,301</b>	<b>3,226</b>	<b>2.3%</b>
<b>Percentage of Materials Returned Before the Second Notice:</b>				<b>91.5%</b>	<b>91.8%</b>	

**Recommendation 1:**

Staff should work with Millennium to create either a monthly or annual report which provides this information, which will make the information more easily verifiable and will not require staff to manually count numerous pages of numbers. If generating such a report is not possible, staff should print a screen shot showing the number of notices sent out each day and these numbers should be entered into an Excel spreadsheet where they can be automatically totaled.

**Finding 2:**

The SOP did not provide adequate instruction on how to calculate the reported result. Staff averaged percentages they had calculated each accounting period to arrive at an annual percentage instead of adding up the total number of notices for the year and calculating the annual percentage from these totals. The later is the preferred method and if followed would have yielded a reported result of 91.6% (using staff totals from their summary calculation worksheet).

**Recommendation 2:**

None. The Program has corrected this issue in the FY 2006/2007 SOP for this measure.

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 3 - 7	The overall customer satisfaction rating of 95% for Circulation Services is achieved.	N	98.3%	98.3%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff Calculation Worksheets
3. Auditor reviewed all of the surveys from FY 2005/2006.

**Overview:**

Staff administered 875 surveys during five sampling periods and 743 completed surveys were returned. Surveys are handed to patrons as they enter the library and are encouraged to return the survey as they leave the library.

**The auditor confirmed the reported result as accurate. The results for this measure come from the same survey and staff calculation worksheets as the results for Program 636, Measure 5. For process improvement recommendations, please see Program 636, Measure 5 on p. 37.**

636 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 3 - 8	95% of customers express satisfaction with interlibrary loan services.	N	100.0%	NATD	N/A	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Auditor reviewed all Interlibrary Loan Customer Satisfaction Surveys for FY 2005/2006

**Overview:**

Surveys are attached to interlibrary loan materials one accounting period of the year and customers are instructed to return the survey when they return their materials. In FY 2005/2006, only 4 surveys were returned and all responded with a "yes" to the question "Are you satisfied with the Interlibrary Loan services provided by Sunnyvale Public Library."

**Finding 1:** Only 4 surveys were returned in FY 2005/2006, which does not constitute an adequate sample size. While staff followed the instructions in the SOP, a sample size of 4 is not adequate to determine customer satisfaction with this service.

**Recommendation 1:**

None. This measure has been eliminated in the FY 2006/2007 budget. However, if the survey is resumed in the future, the auditor recommends asking this question as part of the general Library Customer Satisfaction survey. This will enable the Library to capture responses from anyone who may have requested, but did not receive materials through Interlibrary Loan services, and will likely result in a greater response rate. In addition, the Program should review the survey guidelines being released in FY 2006/2007 to determine an adequate sample size and response rate.

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636000	Select Materials for Adults	An Item Selected and Acquired	N	19,565	Sample	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff tally of donations for Accounting Periods 1 and 3
3. "Acquisition Database Orders" Log for FY 2005/2006
4. Order Confirmation Sheets for Accounting Period 7

**Overview:**

This activity tracks how many materials librarians select for the Library's Adult collection and time spent on this task. Products are tracked using a manual log titled "Acquisitions Database Orders" and adult materials selected from donations are tracked on separate sheets titled "Donations." The auditor counted a total of 19,478 products for this activity from these two sources. The Program reported a total of 19,565, a difference of 0.4%. The auditor took a sample of invoices for Accounting Period 7 to verify totals in the "Acquisitions Database Orders" log and was not able to determine whether or not the log is accurate as staff were unable to locate 18.75% of the invoices for that period and two invoices showed a different number of selected materials than were reported in the log. Staff confirmed that material counts from these two invoices were inaccurately recorded in the log. Despite these findings, the auditor was able to confirm the reported result as accurate through reconciling Activity 636050 – Receive materials for Library collection.

**Finding 1a:** The total number of materials selected from the log and the donation tracking sheets did not match what was reported in the budget. It is unclear why there is a discrepancy, but it could be a result of the log being manually kept and summed.

**Finding 1b:** Two of the 39 order confirmation sheets provided from AP 7 showed a different number of materials than were recorded in the log.

**Recommendation 1:**

While the Program is currently able to obtain product counts for materials received from the Innovative system, staff indicated that they are not able to use this system to generate purchase order numbers and as a result keep a manual log for tracking purposes. However, Innovative does contain fund information for each item ordered and received. Adult materials are all paid for through certain funds and children's materials are paid for through different funds. Rather than attempting to tally up the log for this information, the auditor recommends the Program explore using Innovative to total products ordered and received from each of the funds to get selection products. While there may be some variation in these numbers, it should be very slight as is evidenced from the FY 2005/2006 budget. The selection of adult and children's materials totaled 28,620 and the total number of materials received was 29,888, a difference of 4.24%. This discrepancy may be due to books being selected in one year and received in another.

If it is not possible to obtain information from the system, staff should take extra care in entering this information into the log and should consider using an Excel spreadsheet rather than a manual tracking sheet to make summing columns easier.

**Finding 2:** Nine of the 48 order confirmation sheets, 18.75%, from Accounting Period 7 were missing.

**Recommendation 2:**

Program management should review filing procedures with staff to ensure order confirmation sheets are properly filed and the location of sheets is always known. The Program should consider requiring staff to place a marker in the file with the staff member's name and the date whenever a sheet is removed. The Program may consult with the auditor in developing such a system.

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636010	Select Materials for Children	An Item Selected and Acquired	N	9,055	Sample	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff tally of donations for Accounting Periods 1 and 3
3. "Acquisition Database Orders" Log for FY 2005/2006
4. Purchase Orders for Accounting Period 7

**Overview:**

This activity tracks how many materials librarians select for the Library's Children's collection and the time spent on this task. Products are tracked using a manual log titled "Acquisitions Database Orders" and children's materials selected from donations are tracked on separate sheets titled "Donations." The auditor counted a total of 8,923 products for this activity from these two sources. The Program reported a total of 9,055, a difference of 1.5%. The auditor took a sample of invoices for Accounting Period 7 to verify totals in the "Acquisitions Database Orders" log and was not able to determine whether or not the log is accurate as staff were unable to locate several invoices and two invoices showed a different number of selected materials than were reported in the log. Staff confirmed that material counts from these two invoices were inaccurately recorded in the log. Despite these findings, the auditor was able to confirm the reported result as accurate through reconciling Activity 636050 – Receive materials for Library collection.

**Please see Findings and Recommendations for Activity 636000.**

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636020	Review Adult Materials for Repair or Discard	An Item Discarded	N	16,814	15,975	N	5.3%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "636020 Adult Material Discards" Worksheets for FY 2005/2006
3. "Discarded Minimally Catalogued Paperbacks" Worksheets for FY 2005/2006

### **Overview:**

When librarians discard materials they write down the number of discards on worksheets. Each worksheet has a dewy number for a particular subject area in the catalogue from which the materials are being discarded. The auditor counted the number of discards recorded on all worksheets in FY 2005/2006. Many worksheets had columns indicating discards, but these discards were not totaled in the bottom row. It is not clear if these discards were or were not counted in the reported result. The auditor counted a total of 15,620 discards from the "636020 Adult Material Discards" worksheets versus what appears to be a staff count of 15,374. The auditor counted an additional 355 discards from the "Discarded Minimally Catalogued Paperbacks" worksheets. It is not clear why these totals fall short of what was reported in the MBO.

**Finding 1:** Twenty-six percent of the "636020 Adult Material Discards" worksheets had adding errors ranging from less than one percent to more than thirty percent in magnitude.

### **Recommendation 1:**

The auditor recommends tracking the products for this activity using an Excel spreadsheet where product counts can be more easily proofed and counted.

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636030	Review Children's Materials for Repair or Discard	An Item Discarded	N	8,228	8,215	Y	0.2%

### **Documents/Systems Reviewed:**

1. Measure SOP
2. "Discarded Minimally Catalogued Paperbacks" Worksheets for FY 2005/2006
3. "Children's and Teens materials – 636010 and 636030" Worksheets for FY 2005/2006
4. "Children's Materials Review – 636030" Worksheets for FY 2005/2006

**The auditor found similar adding errors for this activity as for Activity 636020. Please see the findings and recommendations for Activity 636020.**

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636040	Order Materials for Library Collection	An Item Ordered	N	28,636	Sample	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff tally of donations for Accounting Periods 1 and 3
3. "Acquisition Database Orders" Log for FY 2005/2006
4. Purchase Orders for Accounting Period 7

**Overview:**

This activity tracks how many materials librarians order for the Library's Adult and Children's collections and the time spent on this task. Products are tracked using a manual log titled "Acquisitions Database Orders." Using the log, the auditor counted a total of 28,224 products for this activity. The Program reported a total of 28,636, a difference of 1.5%. However, when the auditor took a sample of invoices from Accounting Period 7 to verify totals in the "Acquisitions Database Orders" log, the auditor was not able to determine whether or not the log is accurate as staff were unable to locate several invoices and two invoices showed a different number of selected materials than were reported in the log. Staff confirmed that material counts from these two invoices were inaccurately recorded in the log. Despite these findings, the auditor was able to confirm the reported result as accurate through reconciling Activity 636050 – Receive materials for Library collection.

**Please see findings and recommendations for Activity 636000.**

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636050	Receive Materials for Library Collection	An Item Received	N	29,888	30,700	Y	-2.6%

**Documents/Systems Reviewed:**

1. Measure SOP
2. AP 11 Invoices for all materials received under the Adult Fiction Fund
3. Innovative receipt reports for FY 2005/2006

**Overview:**

This activity is tracked through Innovative. The auditor reviewed Innovative receipt reports for all of FY 2005/2006 and reconciled invoices to the report for all Adult Fiction materials received in AP 11.

**Finding 1:** The Innovative reports for FY 2005/2006 show a total of 30,700 items received for the Library, 2.6% more items than were reported. It is unclear why there is a discrepancy between these reports and the reported result in the MBO.

**Recommendation 1:**

The Program should review MBO reports to ensure that products were accurately reported and posted.

**Finding 2:** The products for this activity are closely related to those for Activity 636040 – Order Materials for the Library Collection, since the vast majority of items ordered are also received. The difference between the Innovative receipt report and the MBO reported product totals for FY 2005/2006 is likely due to products being ordered in one fiscal year and not received until the next.

**Recommendation 2:**

Staff indicated that tracking time for these two activities separately does not provide any useful operational information, but does result in hours sometimes being miscoded on timecards. Staff recommended and the auditor agrees that these two activities should be combined.

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636060	Acquiring Supplies and Services for the Library	An Order Placed	N	284	282	Y	0.7%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Supply and Services Invoices" Reports for Accounting Periods 1 through 13 for FY 2005/2006

**Finding 1:** The Program reported two additional orders placed than were listed in the "Supply and Services Invoices" reports.

**Recommendation 1:**

None. This activity has been eliminated in the FY 2006/2007 budget.



636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636140	Administrative and Support Services for Collections	A Work Hour	N	1,404	NATD		

**Documents/Systems Reviewed:**

1. Measure SOP

**Activities with work hours for products were not reviewed as part of this audit.**

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636070	Catalog Titles	A Catalogued Title	N	18,710	18,915	Y	-1.1%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Standard Diary" for 2005 and 2006 – the Staff Log Book of Catalogued Titles
3. Auditor observation of Millennium Cataloguing reporting function

**Overview:**

This activity tracks the number of titles librarians' catalogue and the time spent on this task. At the end of each day, the cataloguing librarians run a report using Millennium showing how many new titles the librarian catalogued that day.

**Finding 1:** The auditor counted a total of 18,915 titles catalogued from the diary, while only 18,710 catalogued titles were reported in FY 2005/2006. Through the course of this audit, staff discovered titles catalogued on 6/29/06 and 6/30/06 were posted in FY 2006/2007 instead of FY 2005/2006 as they should have been. This accounts for 182 of the 205 title difference between the auditor's count and what was posted in the MBO.

**Recommendation 1:**

Program management should review product totals posted in the MBO to ensure they are accurate. In addition, the auditor recommends staff import their daily-run reports of the titles catalogued into an Excel spreadsheet and use this as the source for products. This will allow staff

to easily see at the end of the fiscal year whether MBO product totals are accurate.

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636080	Process Items	A Processed Item	N	49,672	Sample	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Cataloging and Processing Worksheets" for Period 13 for FY 2005/2006

**Overview:**

This activity tracks every library material that is processed, which includes affixing labels, security stripping and bar codes. Materials are carted when they are received by the Program and a book cart tracking slip is attached to the cart with the date the materials were received and the number of titles and volumes on the cart. Staff tracks each material or item processed on worksheets by entering a total number of items processed under the appropriate budget code. This number also corresponds with the number of items listed on the book cart tracking slip.

The auditor performed an observation of this activity on January 23, 2007. The auditor observed two staff for a total of 149 minutes. During this time staff processed 48 products. The auditor calculated a weighted average of 20.3 products per hour. The MBO reported 11.4 products per hour for this activity in FY 2005/2006. There are several factors that may account for the discrepancy between product-per-hour rates. One, when staff members are observed, the very act of being observed will influence work rates and introduces what is called observation bias. Two, given audit resources, the auditor did not have the time necessary to observe a cross-section of staff performing the activity or a cross-section of all the materials that are processed by this activity. Three, given audit resources, the auditor was not able to gather a large sample. Four, during the short sample period, staff did not take any breaks, answer phones, or perform any other tasks which might normally be part of the work time billed to this activity. For these reasons, it is likely that the auditor observed product-per-hour rate is inflated.

**Finding 1:** The auditor observed product-per-hour rate was nearly double that of the rate reported in the MBO.

**Recommendation 1:**

As discussed in the *Overview*, above, there are several factors that may account for the difference between the auditor observed product-per-hour rate and the rate reported in the MBO. However, the Program should review this activity and determine if there are any hours being

inappropriately posted to it. In addition, the Program should review staff efficiency in performing this activity to identify any areas for improvement. Specifically, the auditor recommends management samples staff productivity for a period of time by requiring staff to check in and out with a supervisor when beginning and ending work for this activity. Processing rates from the sampling period when managerial oversight is strong can then be compared to rates over the last year or several years to identify any areas for improvement.

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636090	Add, Modify and Delete Items	A Catalogue Record Modified	N	122,301	NATD	N/A	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Cataloging and Processing Worksheets" for Period 13 for FY 2005/2006

**Overview:**

This activity tracks changes made to catalogue records. Staff tracks these items on worksheets by entering a total number of items added, modified or deleted under the appropriate budget code. The auditor performed an observation of this activity on January 23, 2007. The auditor observed two staff for a total of 133 minutes. During this time staff added, modified, and deleted a total of 233 products. The auditor calculated a weighted average of 108.8 products-per-hour. The MBO reported 51.5 products-per-hour for this activity in FY 2005/2006. There are several factors that may account for the discrepancy between product-per-hour rates. One, when staff members are observed, the very act of being observed will influence work rates and introduces what is called observation bias. Two, given audit resources, the auditor did not have the time necessary to observe a cross-section of staff performing the activity and was not able to gather a large sample. In addition, during the short sample period, staff did not take any breaks, answer phones, or perform any other tasks which might normally be part of the work time billed to this activity. For these reasons, it is likely that the auditor observed product-per-hour rate is inflated.

**Finding 1:** The auditor observed product-per-hour rate was nearly double that of the rate reported in the MBO.

**Recommendation 1:**

As discussed in the *Overview*, above, there are several factors that may account for the difference between the auditor observed product-per-hour rate and the rate reported in the MBO. However, the Program should

review this activity and determine if there are any hours being inappropriately posted to it. In addition, the Program should review staff efficiency in performing this activity to identify any areas for improvement. Specifically, the auditor recommends management samples staff productivity for a period of time by requiring staff to check in and out with a supervisor when beginning and ending work for this activity. Add, modify and deletion rates from the sampling period when managerial oversight is strong can then be compared to rates over the last year or several years to identify any areas for improvement.

**Finding 2:** The auditor was unable to verify the reported result as the tracking worksheets only track the total number of products and do not provide any identifying information for the auditor to use as a means of verifying these numbers.

**Recommendation 2:**

The auditor agrees with staff that it would not be a good use of staff time to make the product worksheets more detailed in order to verify product counts. Instead, the auditor recommends product totals be confirmed by either another staff member or by a supervisor who initials the total on the worksheet each day. This will provide independent verification of product counts.

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636100	Repair Materials	A Repaired Item	N	16,802	Sample	Y	0.9%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Cataloging and Processing Worksheets" for Period 13 for FY 2005/2006
3. "Mending Survey" Summary Calculation Worksheets for Mending Surveys 1 through 4
4. Mending tracking slips for Mending Survey 1

**Overview:**

This activity tracks the number of items repaired by Library staff and the time spent on this task. As with the two preceding activities, this activity is only tracked on manually kept and tallied worksheets. However, the auditor was able to use data from SDP 63602-3, which reports on the percentage of items repaired within 60 days, to confirm the reported result for this activity. The auditor extrapolated from the four sampling

**The auditor confirmed the reported result is accurate with no findings to note.**

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636141	Administrative and Support Services for Cataloguing	A Work Hour	N	1,324	NATD		

## 1. Measure SOP

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636110	Check Out Library Materials	An Item Checked Out or Renewed	N	1,891,080	1,891,080	Y	

1. Measure SOP
2. "Fiscal Year 2005-2006 Self Check/Check-Outs" staff worksheet
3. "Circulation Activity by Item Location" statistical reports for FY 2005/2006
4. "Circulation Statistics – Period 13 06/04/06 – 06/30/06" staff generated Excel spreadsheet

**The auditor confirmed the reported result as accurate with no findings to note.**

636 Activity	Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
					Y/N	+/-

636120	Shelve Library Materials	An Item Checked In and Shelved	N	1,289,392	1,289,392	Y	
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**Documents/Systems Reviewed:**

1. Measure SOP
2. "Fiscal Year 2005-2006 Task Number 636120: Shelve Library Materials" staff worksheet
3. "Circulation Activity by Item Location" statistical reports for FY 2005/2006

**Overview:**

This activity tracks the number of items checked in which are then shelved by library staff. The Innovative software and bar code systems generate monthly reports providing the product count.

**The auditor confirmed the reported result as accurate with no findings to note.**

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636130	Notification of Overdues, Reserves and Missing Items	A Customer Notification	N	75,521	Sample	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Process Notices – 636130" staff calculation worksheet
3. "1<sup>st</sup> Overdue Notices and 2<sup>nd</sup> Overdue Notices" staff calculation worksheet
4. "Notices Jobs" worksheets for Accounting Periods (AP) 3 through 12, except AP 8.
5. "Delinquency Notice Print Reports" for part of AP 2 from the Inlex System.

**Overview:**

This activity tracks the number of customer notifications sent for items that are overdue, need to be replaced, or have been reserved. The activity also tracks the number of claims returned item searches processed. explain what this The auditor sampled "Notices Jobs" worksheets from eight APs to verify products associated with overdue, replacement and reserve notices, however, there was no backup documentation for claims returned item searches. Staff explained that the forms for each item claimed returned were destroyed after totals were counted for each AP due to the need to preserve customer privacy and anonymity. This process is now handled electronically through the Innovative system and totals will now come from Innovative reports, which preserve customer privacy.

**Finding 1:** Significant adding errors were made by staff when totaling notices each AP. These adding errors ranged in magnitude from 0.1% to 59%. The tables below illustrate the differences between auditor and staff counts.

**Table 2 – FY 2005/2006 First and Second Overdue Notice Counts by Accounting Period:**

First and Second Overdue Notices						
Period	1st Overdue Notice		Percentage Difference	2nd Overdue Notice		Percentage Difference
	Auditor	Staff		Auditor	Staff	
1	2,861	2,861	0.0%	346	246	-28.9%
2	2,882	4,582	59.0%	112	114	1.8%
3	3,725	2,842	-23.7%	179	179	0.0%
4	3,940	3,850	-2.3%	303	303	0.0%
5	4,114	4,114	0.0%	368	368	0.0%
6	2,999	2,997	-0.1%	370	386	4.3%
7	3,333	3,333	0.0%	317	317	0.0%
8	Not audited			Not audited		
9	3,730	3,483	-6.6%	282	282	0.0%
10	3,959	3,959	0.0%	356	356	0.0%
11	3,632	3,632	0.0%	313	314	0.3%
12	3,732	3,741	0.2%	355	361	1.7%
13	Not audited			Not audited		
<b>Total</b>	<b>38,907</b>	<b>39,394</b>	<b>1.3%</b>	<b>3,301</b>	<b>3,226</b>	<b>-2.3%</b>

**Table 3 – FY 2005/2006 Holds Filled Notice Counts by Accounting Period:**

Holds Filled Notices			
Period	Holds Filled		Percentage Difference
	Auditor	Staff	
1	Not audited		
2	Not audited		
3	1,673	1,558	-6.9%
4	1,731	1,731	0.0%
5	1,843	1,844	0.1%
6	1,459	1,458	-0.1%
7	1,718	1,714	-0.2%
8	Not audited		
9	1,915	1,915	0.0%
10	2,025	2,025	0.0%
11	2,197	2,197	0.0%
12	2,101	2,093	-0.4%
13	Not audited		
<b>Total</b>	<b>16,662</b>	<b>16,535</b>	<b>-0.8%</b>

**Recommendation 1:**

Staff should work with Millennium to create either a monthly or annual report which provides this information, which will make the information more easily verifiable and will not require staff to manually count numerous pages of numbers. If generating such a report is not possible, staff should print a screen shot showing the number of notices sent out each day and these numbers should be entered into an Excel spreadsheet where they can be automatically totaled.

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636142	Interlibrary Loan	A customer request	N	5,745	5,745	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Fiscal Year 2005-2006 Interlibrary Loan Stats for Finance" worksheet
3. Interlibrary Loan database report for Period 3 and auditor reviewed request and loan slips for Sunnyvale for Period 12.

**The auditor confirmed the reported result as accurate with no findings to note.**

636 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
636143	Administrative and Support Services for Circulation	A Work Hour	N	2,558.8	NATD		

**Documents/Systems Reviewed:**

1. Measure SOP

**Activities with work hours for products were not reviewed as part of this audit.**



## Program 637: Library Programs and Services – Detailed Findings and Recommendations

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 1	90% of the library users are satisfied with the availability of Library programs, classes and events for adults.	N	92.7%	92.2%	Y	0.5%

### Documents/Systems Reviewed:

1. Measure SOP
2. Staff Calculation Worksheets
3. Auditor reviewed all of the surveys from FY 2005/2006.

### Overview:

Staff administered 875 surveys during five sampling periods and 743 completed surveys were returned. Surveys are handed to patrons as they enter the library and patrons are encouraged to return the survey as they leave the library.

**The auditor confirmed the reported result as accurate. The results for this measure come from the same survey and staff calculation worksheets as the results for Program 636, Measure 5. For process improvement recommendations, please see Program 636, Measure 5 on p. 37.**

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 2	86% of library users rate Library staff efforts as effective in providing assistance in using library resources and information	N	89%	89%	Y	

### Documents/Systems Reviewed:

1. Measure SOP
2. City of Sunnyvale 2005 Resident Satisfaction Survey by Northwest Research Group, August 2005

**The auditor confirmed the reported result as accurate with no findings to note.**

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 3	90% of participating respondents at classes and school/group visits for adults increase their knowledge of the library and its resources	N	100%	97.7%	Y	2.3%

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff Excel spreadsheet titled, "FY 05/06 Class/Program Survey Summary"
3. Staff Excel spreadsheet titled, "Library Program 637 – Outcome Measure #3"
4. "Evaluation Form Summary" with accompanying Library Technology and Resources Classes Evaluation Forms for two classes: "Extreme Googling" held on 10-26-05 and "Julie Otsuka, Author Presentation of *When the Emperor Was Divine*" held on 2-3-06.

**Overview:**

In FY 2005/2006, the Library provided 33 classes and school/group visits for adult patrons. Surveys were administered to 31 of these classes. Summary survey results for each class were then inserted into an Excel spreadsheet providing the class title, date, instructor, number of patrons attending, number of surveys returned and percentages for patron satisfaction and increased knowledge.

**Finding 1a:** The results for this outcome measure were not entered into the Excel calculation spreadsheet and instead the results for SDP measure 63704-8 were mistakenly reported.

**Finding 1b:** The Excel spreadsheet used to tally results does not provide adequate detail for this process.

**Recommendation 1:**

None. This measure has been eliminated in the FY 2006/2007 budget restructure.

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 5	The Budget/Cost Ratio (planned cost divided by actual cost) is 1.0.	N	1.04	1.04	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "City of Sunnyvale Program Progress Report through Period 14 Ending 06-30-06" for Program 637

**The auditor confirmed the reported result is accurate with no findings to note.**

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 3-3	95% of customers for Special Outreach Services are satisfied with services.	N	100%	NATD	N/A	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "SOS Customer Service Survey Results FY 2005-2006" Staff Summary Spreadsheet
3. Auditor received and reviewed copies of 22 of the 69 surveys administered

**Overview:**

The Program phone surveys 100% of participants of the Special Outreach Services program. Staff stated that the service is very appreciated, but only utilized by a relatively small number of patrons. This measure has been eliminated in the FY 2006/2007 budget restructure as staff stated it does not provide much information.

**Finding 1:** Thirty-six percent of the 22 surveys the auditor reviewed were given the wrong designation on the staff summary calculation spreadsheet. The auditor counted one survey for which the respondent indicated they were not satisfied with services, which suggests the actual result for this measure is something less than 100%.

**Recommendation 1:**

None. This measure has been eliminated in the FY 2006/2007 Budget Restructure.

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 3-4	30 community events are attended to share the value of library resources and develop partnerships.	N	19	19	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Community Outreach Log, FY 2005/2006" staff summary log
3. "FY 2005/2006 Community Outreach Log, Reporting period: 2 (7/31/05-8/27/05)"

**The auditor confirmed the reported result as accurate with no findings to note.**

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 3-5	65% of library customers are aware of library events and services through outreach activities	N	67.4%	67.4%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff Calculation Worksheets
3. Auditor reviewed all of the surveys from FY 2005/2006.

**Overview:**

Staff administered 875 surveys during five sampling periods and 743 completed surveys were returned. Surveys are handed to patrons as they enter the library and are encouraged to return the survey as they leave the library.

**The auditor confirmed the reported result as accurate. The results for this measure come from the same survey and staff calculation worksheets as the results for Program 636, Measure 5. For process improvement recommendations, please see Program 636, Measure 5 on p. 37.**

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 3-6	50% of grant applications are successful	N	66.0%	66.6%	Y	0.6%

**Documents/Systems Reviewed:**

1. Measure SOP
2. Auditor reviewed grant applications submitted to: Library Services and Technology Act (LSTA), Infopeople Library Website Improvement Project, State Public Library Funds, and the Satterberg Foundation Tales for Tots
3. Auditor reviewed RTC 05-341 for "Authorization to accept 410,000 Grant Fund from the Satterberg Foundation for Tales for Tots: Increasing Storytimes to Young Children in Child Care centers and family Day Care Provider homes and budget Modification No. 8" and RTC 06-173 for "Authorization to Allocate FY 2005/2006 State Public Library Fund Monies and Approve Budget Modification No. 25".

**The auditor confirmed the reported result as accurate with no findings to note.**

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 4-1	Inquiries for information from adults are answered accurately 80% of the time.	N	95.6%	95.6%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Sunnyvale Public Library Reference Accuracy Survey 2005-2006" staff summary spreadsheet
3. "Sunnyvale Public Library – Adult Services Reference Accuracy Survey" forms for 23 questions asked in FY 2005/2006

**Overview:**

The result for this measure is derived from a sample survey of librarians at the Adult Reference Desk. Volunteers call the reference desk and make information requests, recording the answers provided and the overall service they received. The SOP instructs the Program to make a sample of 20 calls. In FY 2005/2006, the Program made 23 calls and all but one were answered correctly.

**Finding 1:** The SOP procedure for calculating this measure, which indicates answers are rated and scored by various criteria, does not reflect actual practice. In addition, the SOP does not provide detailed instructions for how librarian responses to questions should be evaluated or scored for accuracy.

**Recommendation 1:**

None. The Program changed the SOP for FY 2006/2007 to reflect the current practice, which counts answers as either accurate or inaccurate.

**Finding 2a:** The sample size of 20 is not adequate. The reference desk reported answering 124,562 questions in FY 2005/2006. Using conservative assumptions, if the program wanted to be 95 percent confident that the sample reflected the true accuracy rate for librarians answering reference questions, plus or minus five percent, the Program would need a sample size of 384.

**Finding 2b:** The Program does not have the time or resources to conduct an adequate survey using their current methodology. Management stated it is very time consuming to recruit and train the 20 volunteers they currently obtain each year for this purpose. Obtaining and training even more volunteers would place an even greater burden on the Program.

**Finding 2c:** The survey is not the most appropriate tool for obtaining the desired information. Program managers stated this measure is used to evaluate the technical accuracy with which librarians answer reference questions, but is not an evaluation of customer satisfaction or service. As such, it is difficult for volunteers to accurately record librarians' responses to questions, so making decisions as to the accuracy of responses is questionable.

**Recommendation 2:**

After much discussion with Program and Department staff, the auditor recommends eliminating this measure. The purpose of the survey is to assess the technical accuracy of librarian responses to questions and the information provided by this survey is of greatest significance from a training perspective. To evaluate technical accuracy of staff responses, Program management should directly observe phone calls. The auditor recommends supervisors employ a sampling technique currently used by other programs. This technique involves the Program supervisor periodically listening in on phone calls and evaluating staff performance based on a set of criteria. The Program should work with the auditor to develop an appropriate sampling plan should they decide to use this technique.

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 4-2	Overall customer satisfaction rate of information services for adults is 85%	N	98.6%	98.6%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff Calculation Worksheets
3. Auditor reviewed all of the surveys from FY 2005/2006.

**Overview:**

Staff administered 875 surveys during five sampling periods and 743 completed surveys were returned. Surveys are handed to patrons as they enter the library and are encouraged to return the survey as they leave the library.

**The auditor confirmed the reported result as accurate. The results for this measure come from the same survey and staff calculation worksheets as the results for Program 636, Measure 5. For process improvement recommendations, please see Program 636, Measure 5 on p. 37.**

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 4-4	Satisfaction rate for quality of information provided for city staff is 90%.	N	98.4%	98.4%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "City of Sunnyvale 2006 Internal Customer Satisfaction Survey, Department of Libraries" Prepared by: Department of Human Resources, 8/10/06

**The auditor confirmed the reported result as accurate with no findings to note. This measure has been eliminated in the FY 2006/2007 budget restructure.**

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 4-6	2,500 library users attend programs for adults	N	2,674	2,674	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "637110: Library Programs, Displays, Booklists & Web Resources for Adults" Staff Log

**The auditor confirmed the reported result is accurate with no findings to note.**

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 4-8	95% of responding participants are satisfied with programs for adults.	N	100.0%	100%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff Excel spreadsheet titled, "FY 05/06 Class/Program Survey Summary"
3. "Evaluation Form Summary" with accompanying Library Technology and Resources Classes Evaluation Forms for two classes: "Extreme Googling" held on 10-26-05 and "Julie Otsuka, Author Presentation of *When the Emperor Was Divine*" held on 2-3-06.

**Overview:**

In FY 2005/2006, the Library surveyed participants from 31 classes and school/group visits held for adult patrons. Summary survey results for each class were then inserted into an Excel spreadsheet providing the class title, date, instructor, number of patrons attending, number of surveys returned and percentages for patron satisfaction and increased knowledge.

**The auditor confirmed the reported result is accurate. Please see Finding 2 and Recommendation 2 for Program 637, Measure 3 on page 66.**



637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 5-1	Inquiries for information from children and teens are answered accurately 80% of the time.	N	100%	100%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Children's Services Reference Accuracy Survey, 2005-2006" staff summary spreadsheet
3. "Sunnyvale Public Library – 2005-2006 Children's Reference Accuracy Survey" forms for 20 questions asked in FY 2005/2006

**Overview:**

The result for this measure is derived from a sample survey of librarians at the Children's Reference Desk. Volunteers call in and make information requests and record the answers provided as well as the overall service they received. The SOP instructs the Program to make a sample of 20 calls. In FY 2005/2006, the Program made 20 calls and all were answered correctly.

**The same sampling methodology used for Program 637 SDP Measure 4-1 is used for this measure. Please see findings and recommendations for Program 637 SDP Measure 4-1 on page 70.**

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 5-2	Overall customer satisfaction rate of information services for children and teens is 85%.	N	100%	100%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Children's Reference Satisfaction and Findability Survey, FY 2005-2006 Summary Calculation Worksheets
3. Actual Children's Surveys for FY 2005/2006

**The auditor confirmed the reported result is accurate with no findings to note.**

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 5-5	12,000 library users attend programs for children and teens.	N	16,814	16,261	N	3.4%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "637130 Children's Services Programs" Log for FY 2005/2006

**Overview:**

Programs for children and teens are tracked in a log that lists the date, the type of program held, the number of participants that attended the event, and the initials of the staff member responsible for that particular program or event. Each Accounting Period (AP) statistics are generated from the log and transferred to AP summary statistics worksheets for internal tracking purposes. The auditor reconciled participant information using the log and arrived at total number of participants of 16,261. The Program discovered through the course of the audit that a staff member had transferred the wrong totals from the log to the AP summary statistics worksheet for one accounting period in FY 2005/2006. Staff stated that the total reported should have been 16,178.

**Finding 1a:** The wrong participant totals were transferred from the log to the AP summary statistics worksheet for one AP in FY 2005/2006.

**Finding 1b:** Adding errors were made in 3 out of 13 APs, ranging in magnitude from less than one percent to eight percent.

**Recommendation 1:**

The auditor recommends using an Excel spreadsheet to log and track the number of participants and programs held for children and teens. This will allow staff to more easily proof and sum totals. Staff should work with the auditor to develop this tracking spreadsheet, which should also eliminate the need for the AP summary statistical worksheets currently being used.

637 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 5-7	90% of responding participants are satisfied with programs for children and teens.	N	89.7%	90.0%	Y	0.3%

**Documents/Systems Reviewed:**

1. Measure SOP
2. Children's Reference Satisfaction and Findability Survey, FY 2005-2006  
Summary Calculation Worksheets
3. Actual Children's Surveys for FY 2005/2006

**The auditor confirmed the reported result is accurate with no findings to note.**

637 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
637030	Provide Library materials for Loan Through Special Outreach Services	An Item Loaned	N	3,891	3,397	N	14.5%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "SOS List: Circulation" Sheets for each Accounting Periods 1 through 13 for FY 2005/2006

**Overview:**

This activity tracks the number of items loaned to customers through the Special Outreach Services Program.

**Finding 1:** The Program counted site visits as products in addition to the number of items loaned. The SOP does not specify that site visits should be counted as products.

**Recommendation 1:**

None. Program staff stated that in previous years the SOP for this activity instructed staff to include site visits in the product count. The Program stated that the staff member responsible for tracking this activity was not informed when the SOP and product definition changed to only count actual items loaned. The Program will correct products already reported in FY 2006/2007 to make sure that site visits are no longer being counted.

637 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
637120	Support City Initiatives for Community Outreach	A Community Event Participated In	N	19	19	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Community Outreach Log, FY 2005/2006" staff summary log
3. "FY 2005/2006 Community Outreach Log, Reporting period: 2 (7/31/05-8/27/05)"

**The auditor confirmed the reported result as accurate with no findings to note.**

637 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
637140	Provide Tools to enable customer Self-Sufficiency In Using Library	An Item Printed/ Prepared for Distribution	N	260	260	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "FY 2005/2006, 637140 Provide Tools to Enable Customer Self-Sufficiency in Using Product: Item Printed/Prepared for Distribution" staff log of products
3. Auditor reviewed all printed items for FY 2005/2006

**The auditor confirmed the reported result as accurate with no findings to note.**

637 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
637150	Grant Applications	A Grant Application Submitted	N	4	4	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Auditor reviewed grant applications submitted to: Library Services and Technology Act (LSTA), Infopeople Library Website Improvement Project, State Public Library Funds, and the Satterberg Foundation Tales for Tots

**The auditor confirmed the reported result as accurate with no findings to note.**

637 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
637100	Respond to Reference Questions from Adults	A Response Given	N	124,562	Sample	Y	1.1%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Adult Services Sampling Statistics Summary, 2005-2006" staff summary and calculation spreadsheet
3. "Adult Services Period 1 Sampling, 2005-2006" through AP 13 staff summary spreadsheets
4. Staff Sampling Reference forms for desks 1 and 2 for AP 13

**Overview:**

This activity tracks the number of adult reference questions and inquiries staff respond to each day. The Program derives the reported result by sampling one week each accounting period and extrapolating from the average number of questions answered per hour to arrive at a total for the year based on the number of hours the library is open. The auditor reconciled one sampling period (June 18, 2006 to June 24, 2006) of sampling reference forms to the staff summary statistics sheets.

**Finding 1:** The auditor tallied a total of 2,343 reference questions answered versus the 2,318 staff totaled for the AP 13 sampling period, a difference of 1.07%. It appeared that staff had miscounted various categories of reference questions.

**Recommendation 1:**

Staff should take care when making marks on reference forms so tick marks are not misread and should be sure to double check counts.

**Finding 2:** The Program can reduce the amount of sampling for this activity and still achieve reliable results.

**Recommendation 2:**

The City is currently developing survey and sampling guidelines for performance measurement. The auditor recommends the Program review the established guidelines once they are released in FY 2006/2007 to determine an appropriate sample size. These guidelines will also provide instruction on how to make sure the sample is random.

637 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
637104	Administrative and Support Services for Adults	A Work Hour	N	1,575.10	NATD		

**Documents/Systems Reviewed:**

1. Measure SOP

**Activities with work hours for products were not reviewed as part of this audit.**

637 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
637110	Provide Educational Classes and Enrichment Programs for Adults	An Activity Offered	N	147	148	Y	0.7%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "637110: Library Programs, Displays, Booklists & Web Resources for Adults" Staff Log

**Overview:**

This activity tracks the number of programs, booklists, and displays produced by the Program for the public.

**The auditor confirmed the reported result is accurate with no findings to note.**

637 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
637105	Respond to Information Inquiries from Children, Teens and Parents	A Response Given	N	51,852	Sample	Y	0.6%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Children's Services Period Statistics Summary" sheets for APs 1 through 13 for FY 2005/2006
3. "Children's Services Information Inquiries Sampling Statistics, Fiscal Year 2005-2006" staff sampling sheets for AP 5

**Overview:**

This activity tracks the number of children and teen reference questions and inquiries staff respond to each day. The Program derives the reported result by sampling one week each accounting period and extrapolating from the average number of questions answered per hour to arrive at a total for the year based on the number of hours the library is open. The auditor reconciled one sampling period (November 6, 2006 to November 12, 2006) of sampling reference forms to the staff summary statistics sheets.

**Finding 1:** The auditor tallied a total of 1,067 reference questions answered versus the 1,061 staff totaled for the AP 13 sampling period, a difference of 0.56%. It appeared that staff had just miscounted various categories of reference questions.

**Recommendation 1:**

Staff should take care when making marks on reference forms so tick marks are not misread and should be sure to double check counts.

**Finding 2:** The Program can reduce the amount of sampling for this activity and still achieve reliable results.

**Recommendation 2:**

The City is currently developing survey and sampling guidelines for performance measurement. The auditor recommends the Program review the established guidelines once they are released in FY 2006/2007 to determine an appropriate sample size. These guidelines will also provide instruction on how to make sure the sample is random.

637 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
637108	Administrative and Support Services for Children and Teen	A Work Hour	N	2,307.50	NATD		

**Documents/Systems Reviewed:**

1. Measure SOP

**Activities with work hours for products were not reviewed as part of this audit.**

637 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
637130	Provide library activities for children and teens	An Activity Produced	N	585	581	Y	0.7%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "637130 Children's Services Programs" Log for FY 2005/2006
3. "637130 Children's Services Bibliographies and Displays" Log for FY 2005/2006
4. "Registro Del Cuento Telefonico" Log for FY 2005/2006
5. "Dial-A-Story Log" for FY 2005/2006

**Finding 1:** The auditor count of activities produced for children and teens differs slightly from that reported.

**Recommendation 1:**

The auditor recommends staff consider using an Excel spreadsheet to track products for this activity as it will enable product totals to be more easily proofed and summed.



## Program 638: Library Learning Environment – Detailed Findings and Recommendations

638 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 1	86% of library users feel safe when visiting the library facilities.	N	88%	88%	Y	

### Documents/Systems Reviewed:

1. Measure SOP
2. City of Sunnyvale 2005 Resident Satisfaction Survey by Northwest Research Group, August 2005

The auditor confirmed the reported result is accurate with no findings to note.

638 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 2	98% of hazardous conditions are corrected within 24 hours of being identified	N	100%	NATD	NATD	

### Documents/Systems Reviewed:

1. Measure SOP
2. "Daily Library Safety Inspection" Log FY 2005/2006

**Finding 1:** The measure wording is misleading as the reported result only reflects the correction of hazardous conditions identified *during* the daily safety inspection and does not reflect those hazardous conditions discovered at other times of the day. While the SOP calculation methodology does specify that hazardous conditions are defined as those "found during the daily Safety Inspection," this instruction is inconsistent with the measure wording itself. The auditor was unable to determine what additional hazardous conditions were identified and/or the timeframe in which they were corrected during the year.

### Recommendation 1:

None. This measure has been eliminated through the FY 2006/2007 budget restructure.

638 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 3	84% of library users are satisfied with the appearance of the library facilities	N	83%	83%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. City of Sunnyvale 2005 Resident Satisfaction Survey by Northwest Research Group, August 2005

**The auditor confirmed the reported result is accurate with no findings to note.**

638 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 4	73% of library users believe that the library's hours of operation meet their needs.	N	79%	79%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. City of Sunnyvale 2005 Resident Satisfaction Survey by Northwest Research Group, August 2005

**The auditor confirmed the reported result is accurate with no findings to note.**

638 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 5	A minimum of 85% of the library's computer work stations are available to library users during normal hours of operation	N	99.7%	99.6%	Y	0.1%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Availability of Computer Workstations, FY 2005-06" spreadsheet of computer availability statistics
3. "Public PCs" Log for maintaining computers and equipment for FY 2005/2006

### **Overview:**

Program management keeps an Excel spreadsheet that shows the number of computers available for use each day. The Program also keeps a "Public PCs" log of any computers that are in need of repair. The auditor cross-referenced the Excel spreadsheet of computer availability to verify the availability statistics for this measure.

**Finding 1:** There is a discrepancy between the "Public PCs" Log and the computer availability statistics Excel spreadsheet in Accounting Periods 5 and 8. The spreadsheet shows 72 PC's as available on October 23, 2005, while the Log shows that six computers were down on that day. On January 19, 2006, the report shows 72 PCs available, but the Log indicates one computer was down on that day.

### **Recommendation 1:**

The auditor recommends modifying the current log and computer availability report so that it is easier for staff to determine how many computers are operational at any given time and to eliminate the need to transfer information from the log to the report database. See Exhibit 1 on page 96 for an example.

638 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 6	The library's electronic service delivery systems are available to library users 94% of the time.	N	99.6%	99.6%	Y	

### **Documents/Systems Reviewed:**

1. Measure SOP
2. "System Failure Incident Reports" for FY 2005/2006
3. "System Down Time FY 05/06" calculation worksheet

**The auditor confirmed the reported result is accurate with no findings to note.**

638 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 7	92% of library staff members are satisfied with the quality of professional development opportunities that the City provides.	N	81.8%	81.8%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Sunnyvale Public Library Staff Department Opportunities Survey" forms.

**The auditor confirmed the reported result is accurate with no findings to note.**

638 Program Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
PM 8	The Budget/Cost Ratio (planned cost divided by actual cost) is at 1.0	N	.999	.999	Y	

**Documents/Systems Reviewed:**

3. Measure SOP
4. "City of Sunnyvale Program Progress Report through Period 14 Ending 06-30-06" for Program 638

**The auditor confirmed the reported result is accurate with no findings to note.**

638 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 1-1	The overall customer satisfaction rating of 85% for the Library building is achieved.	N	82%	82%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. City of Sunnyvale 2005 Resident Satisfaction Survey by Northwest Research Group, August 2005

**The auditor confirmed the reported result is accurate with no findings to note.**

638 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 1-2	98% of hazardous conditions are corrected within 24 hours of being identified	N	100%	NATD	NATD	

**This SDP measure is a duplicate of Program 638, Measure 2. Please see findings and recommendations for Program 638, Measure 2 on page 81.**

638 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 1-3	Security services are provided during 82% of library open hours.	N	78.8%	78.8%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Atlas Security & Patrol service invoices for FY 2005/2006 and accompanying Sunnyvale "Receiving Reports"

**Overview:**

Atlas Security & Patrol and U.S. Security Services provided security guard services for the library during most of the Library's open hours in FY 2005/2006. In FY 2005/2006, staff stated there was a discrepancy for one invoice regarding the vendor over-billing for services for that period. This discrepancy was not resolved until FY 2006/2007 and as a result staff did not post 104 security hours worked or the cost of those hours in FY 2005/2006. This measure has been eliminated through the FY 2006/2007 budget restructure.

**Finding 1:** The costs and products associated with one-hundred and four security hours worked in FY 2005/2006 were not posted until FY 2006/2007 due to a billing discrepancy with the security services provider.

**Recommendation 1:**

Costs and products should be accrued in the year in which they are actually produced even if they are not paid for until the following year. In this instance, the Program should have accrued the products and costs in FY 2005/2006 so they were appropriately allocated and then paid for them in the next fiscal year.

638 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 1-4	100% of workorders for building maintenance problems are submitted within 24 hours of identifying a problem.	N	98.5%	NATD		

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Resolve Building Maintenance Problems Work Order Log for FY 05/06"

3. Work Orders for AP 8 in FY 2005/2006 with accompanying Work Order email confirmation receipts from Facilities Maintenance, and staff emails notifying Library Administration of maintenance problems.

**Overview:**

This measure tracks the percent of maintenance problems submitted to Facilities Maintenance within 24 hours of Library staff identifying them. This measure does not report on how quickly maintenance problems are resolved by Facilities Maintenance. The auditor reviewed the log kept to track results for this measure as well as the backup documentation for the log entries for AP 8 of FY 2005/2006.

**Finding 1a:** Forty-eight percent of the notifications from staff to the Library administration assistant of facilities maintenance problems were verbal in AP 8. As a result, there is no backup documentation to establish the validity of these notification dates.

**Finding 1b:** Dates for two out of twenty-one work orders submitted during AP 8 were incorrectly transferred to the log. In both instances, use of the incorrect date resulted in the appearance of the work order being submitted on the same day as the day the problem was identified. In one instance, the staff identification date was incorrect and in the other, the work order submission date. One of these instances would not have affected the reported result as the work order was still submitted on time based on the measure's criteria, but the other would have affected the reported result negatively.

**Finding 1c:** Staff identified four work orders as being submitted late in FY 2005/2006 from the log, while the auditor counted seven late work orders. The number of work orders submitted late could be higher, as the auditor identified one additional late work order from reviewing AP 8 and problem identification dates are missing for approximately fifty percent of the work orders.

**Recommendation 1:**

None. This measure has been eliminated through the FY2006/2007 budget restructure. If the Program were to resume measuring this process in the future, the auditor recommends changing the measure to report on the amount of time it takes for problems to be resolved, not just submitted to Facilities Maintenance.

638 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 3-1	There is a Sunnyvale Library Representative on 89% of the Silicon Valley Library System regional committees.	N	100.0%	100.0%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Silicon Valley Library System Meetings Attended FY 2005/2006"
3. "SLVS Meeting Forms" a.k.a. "Yellow Cards"
4. Staff interview notes with Kevin Terada
5. Auditor conducted phone interview with Kevin Terada, Assistant Director of Finance, Peninsula Library System

**The auditor confirmed the reported result as accurate with no findings to note. This measure has been eliminated through the FY 2006/2007 budget restructure.**

638 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 3-2	The number of library volunteer hours contributed is six percent of library staff hours budgeted each fiscal year.	N	5.78%	Sample	Y	0.05%
			6,375.98	Sample	Y	0.8%

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff Calculation Worksheet
3. "City of Sunnyvale Object Summary by Program through Period 14" for Programs 635, 636, 637, and 638
4. "Volunteer Roster and Periods Worked for Fiscal Year 05/06" Spreadsheet
5. Volunteer Timecards for Accounting Period 5

**Overview:**

This measure reports the number of volunteer hours worked in FY 2005/2006 and also reports these hours as a percent of total staff hours worked. The auditor sampled volunteer timecards for AP 5 and counted a total of 423.9 hours worked versus 420.7 hours counted by staff, a difference of 0.8%. Based on this error rate, the true number of volunteer hours lies somewhere between 6,324.97 and 6,426.98, which would make the reported percentage of volunteer hours to staff hours somewhere between 5.74% and 5.83%

**Finding 1:** Volunteer hours were miscalculated on 10% of volunteer timecards in Period 5. The auditor found adding errors in four out of thirty-nine timecards for AP 5. The adding errors did not result in a significant discrepancy in actual versus reported hours volunteered due to errors being made in both directions and somewhat canceling each other out. However, the fact that adding errors were made on 10% of timecards tested is significant.

**Recommendation 1:**

None. This measure has been eliminated through the FY 2006/2007 budget restructure.

638 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 3-3	The Board of Library Trustees completes 100% of its workplan items and reviews five library policies.	N	96.0%	96.0%	Y	
			7	7	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Master Work Plan Boards and Commissions Calendar Years 2005 and 2006
3. Draft Minutes Sunnyvale Board of Trustee for all meetings in FY 2005/2006

**The auditor confirmed the reported result is accurate with no findings to note.**

638 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 5-1	The overall customer satisfaction rating of the library digital resources and equipment is 85%.	N	93.5%	93.5%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff Calculation Worksheets
3. Auditor reviewed all of the Library's customer satisfaction surveys from FY 2005/2006



**Overview:**

Staff administered 875 surveys during five sampling periods and 743 completed surveys were returned. Surveys are handed to patrons as they enter the library and are encouraged to return the survey as they leave the library.

The auditor confirmed the reported result as accurate. The results for this measure come from the same survey and staff calculation worksheets as the results for Program 636, Measure 5. For process improvement recommendations, please see Program 636, Measure 5 on p. 37.

638 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 5-2	99% of computer and equipment maintenance problems are addressed within 24 hours.	N	100.0%	NATD		

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Public PCs" Log for maintaining computers and equipment for FY 2005/2006

**Overview:**

This measure reports whether or not computer and equipment maintenance problems are addressed within 24 hours. Staff explained to the auditor that "addressed" does not mean the problem is fixed or resolved, but that either the Information Technology Division or appropriate Vendor has been notified of the problem within 24 hours. It is not clear from the SOP that the above definition of "addressed" is what was originally intended for this measure.

**Finding 1:** The measure wording is misleading for two reasons. One, the reported result is only an indication of how many problems staff were able to fix within 24 hours or *referred* to appropriate professionals within 24 hours, not the percentage of problems *fixed or resolved* within 24 hours. Two, the vast majority of "problems" in the log are computers that need to be rebooted or turned on. Staff log each day how many computers they have to "log on" in order for customers to use them.

**Recommendation 1:**

None. This measure has been eliminated through the FY 2006/2007 budget restructure.

638 Service Delivery Plan Measure		SOP Missing	Reported Result	Auditor Calculation	Accurate within 3%	
					Y/N	+/-
SDP 5-4	85% of the librarians assess that they receive adequate training to provide what customers require.	N	83.3%	83.3%	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Digital Resources and Training Librarian Survey Results – June, 2006" staff summary worksheet
3. "Digital Resources and Training Librarian Survey Forms" for all responses to the survey

**Overview:**

Regular, full-time librarians are surveyed once per year for this measure. In FY 2005/2006, approximately eleven librarians were surveyed and the Program received 6 responses. Only four of the responses were counted towards the measure as two surveys did not indicate a yes or no answer to either of the questions asked.

**Finding 1:** Only 54% of the librarians surveyed responded to the survey. When conducting a survey of such a small number of people, it is crucial to obtain responses from as many participants as possible, if not from all participants. Otherwise results can be skewed in one direction or another.

**Recommendation 1:**

None. This measure has been eliminated in the FY 2006/2007 budget restructure. However, should the Program resume this survey they should consult with audit staff to identify ways to increase the response rate.

638 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
638000	Provide Security Services	An Hour of Security Service	N	2,578	2,722	N	5.3%

**Documents/Systems Reviewed:**

1. Measure SOP
2. Atlas Security & Patrol invoices and City Receiving Reports for FY 2005/2006

**Please see findings and recommendations for Program 638 SDP Measure 1-3 on page 85.**

638 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
638010	Perform Safety Walkthroughs	A Walkthrough Completed	N	316	317	Y	0.3%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Daily Library Safety Inspection" Log FY 2005/2006

**The auditor confirmed the reported result is accurate with no findings to note.**

638 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
638020	Report Facilities Maintenance Problems	A Workorder Submitted	N	255	258	Y	1.2%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Resolve Building Maintenance Problems Work Order Log for FY 05/06"
3. Work Order Email Confirmation Receipts
4. Staff emails notifying Library Administration of maintenance problems

**Finding 1:** There is a slight discrepancy between the number of products reported in the MBO and those found in the log.

**Recommendation:**

None. This activity has been eliminated in the FY 2006/2007 budget restructure.

638 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
638030	Departmental Administrative and Support Services	A Work Hour	N	6,707.40	NATD		

**Documents/Systems Reviewed:**

1. Measure SOP

**Activities with work hours for products were not reviewed as part of this audit.**

638 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
638060	Participate in Regional Library Meetings	A Meeting Attended	N	25	25	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Silicon Valley Library System Meetings Attended, FY 2005/2006" - Staff Meeting Attendance Log
3. "SLVS Meeting Forms" for FY 2005/2006 – "Yellow Cards"

The auditor confirmed the reported result is accurate with no findings to note. This activity has been eliminated in the FY 2006/2007 budget restructure.

638 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
638070	Support Library Volunteer Activities	A Volunteer Work Hour	N	5,812	Sample	N	(8.1%)

**Documents/Systems Reviewed:**

1. Measure SOP
2. Staff Calculation Worksheet
3. "Volunteer Roster and Periods Worked for Fiscal Year 05/06" Spreadsheet
4. Volunteer Timecards for Period 5

**Overview:**

The auditor sampled volunteer timecards from AP 5 counting a total of 423.9 hours worked versus the total of 420.7 stated in the Volunteer Roster and Periods Worked for Fiscal year 05/06" summary spreadsheet, a difference of 0.8%. Based on this error rate and the fact that hours were not posted for AP 13, products for this activity were underreported by at least 8.1%.

**Finding 1a:** Products were not posted for AP 13.

**Finding 1b:** Volunteer hours were miscalculated on 10% of volunteer timecards in Period 5. The auditor found adding errors in four out of thirty-nine total timecards for Accounting Period 5. The adding errors did not result in a significant discrepancy in actual versus reported hours volunteered due to errors being made in both directions and largely canceling each other out.

However, the fact that adding errors were made on 10% of timecards tested is significant.

**Recommendation 1:**

None. This activity has been eliminated in the FY 2006/2007 budget restructure.

638 Activity		Product	SOP Missing	Reported Result	Auditor Calculated Result	Accurate within 5%	
						Y/N	+/-
638080	Work with the Board of Library Trustees	A Meeting of the Board of Trustees	N	13	13	Y	

**Documents/Systems Reviewed:**

1. Measure SOP
2. Master Work Plan Boards and Commissions Calendar Years 2005 and 2006
3. Draft Minutes Sunnyvale Board of Trustee for all meetings in FY 2005/2006

**The auditor confirmed the reported result as accurate with no findings to note.**

638 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
638130	Maintain Computers/ Equipment	A Completed Maintenance/ Repair	N	18,611	Sample	Y	1.1%

**Documents/Systems Reviewed:**

1. Measure SOP
2. "Availability of Computer Workstations, FY 2005-06" report of computer availability statistics
3. "Public PCs" Log for maintaining computers and equipment
4. "Pinnacle" Log for Copiers
5. "Pinnacle" Log for Microfilm/Microfiche
6. "Public Printers" Log for AP 5
7. "Technical Assistance Sampling" Worksheets for Adults and Children for all four quarters in FY 2005/2006
8. "Maintenance Computers and Equipment FY 05/06" staff period summary worksheet

### **Overview:**

This activity tracks the maintenance of computers and other Library equipment such as copiers, microfilm processors, and printers. Products consist of actual repairs to equipment and service requests to vendors, but the vast majority of the products are categorized by such activities as rebooting all of the computers in the morning and providing patrons with technical assistance.

**Finding 1:** The auditor arrived at different product counts than staff for the number of PCs, printers, adult technical services, and microfilm maintenance/repairs rendered for the year. Product count differences ranged in magnitude from 0.2% to 4%.

### **Recommendation 1:**

While error levels remained within the acceptable limit of 5%, the auditor recommends the program use an Excel spreadsheet to log all types of service requests. All logs can be kept on a shared drive in one Excel file with each log on a separate worksheet and totals from each worksheet can be linked to a summary worksheet for reporting purposes. This would eliminate the need to manually add products and reduce paperwork. Staff should work with the auditor to create this file.

638 Activity		Product	SOP Missing	Reported Result	Auditor Calculation	Accurate within 5%	
						Y/N	+/-
638131	Provide General Staff Training	A General Staff Training Session Provided	N	7.00	NATD		

### **Documents/Systems Reviewed:**

1. Measure SOP
2. FY 2005/2006 Logbook – 638131 Provide General Staff Training

**Finding 1:** The product title is inconsistent with the product definition in the SOP resulting in a misleading reported product total. The SOP defines the product as a “type of training” rather than a training session provided as the product title indicates. For example, staff attended Groupwise training sessions on three separate dates, but these three trainings were counted as one product. The auditor was not able to determine the total number of training sessions attended as one type of training in the log did not have specific dates next to it, but said “various.” In terms of determining product costs, it is more accurate and useful to track and report the actual number of training sessions held or even to count the number of staff attending each training.

**Recommendation 1:**

None. The product has been changed in the FY 2006/2007 budget to a "training hour."

Maintained in Excel, the log would repeat the columns following “Computer 1 Problem” for as many computers as necessary.

[illegible]